STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968533	R **11/01/2018**
NAME OF PROVIDER OR SUPPLIER **DAVISITOS 2 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13701 SW 71 LANE** **MIAMI, FL 33183**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A standard biennial second revisit survey was conducted on , 2018. Davisitos 2, Inc. with a standard license number 12445 had the following deficiency identified at the time of survey:

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to provide proof of evidence of a negative ( ) examination that must be documented on an annual basis and provided by a licensed health care provider for two of five sampled staff (Staff A and C).

Findings included:

Review of Staff A's record showed a hire date of and last negative result on , 2017. Review of Staff C's record showed a hire date of and last negative result on .

On , 2018 at 11:10 AM, the Administrator stated, "We just missed it; it just expired last month; we'll do it as soon as possible."

Class III