Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965982	A. BUILDING: _____ B. WING _____	R 10/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWO SISTER'S HOME CARE II CORP	12335 NW 98 AVENUE HIALEAH GARDENS, FL 33018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A revisit to a biennial re-licensure survey was conducted at Two Sister's Home Care II Corp on . Deficiencies were identified at the time of the survey.	{A 000}		
{A 033} SS=D	59A-36.007(8) PHYSICAL (8) PHYSICAL . Residents for whom a physician has prescribed a physical must have a written care plan for the use of the physical . The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident. (a) The care plan must specify: 1. The device prescribed for use; 2. The maximum amount of time the resident is to have the applied each day; and, 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . (b) Facility staff must ensure that the device is applied appropriately and safely. (c) The resident's physician must review the appropriateness of the continued use of the physical annually, and documentation of this review must be maintained in the resident's record. If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical and all requirements of this subsection apply. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview the facility failed to have a written care plan for the use of the physical developed within 14 days of the device being	{A 033}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{A 033}	Continued From page 1 prescribed, and prior to use on the residents for three out of six sampled residents that had full side bed rails (Resident #1, Resident #2, and Resident #3). Findings included: On at 11:05 AM, observation showed Resident #1, Resident #2 , and Resident #3 lying in bed with full bed rails attached to the bed in an upright position. Review of Resident #1's record revealed a prescription order for full side bed rails dated . . . . . Further review of the record showed no documentation of a written care plan for the use of physical . . . . on file. Review of Resident #2's record revealed a prescription order for full side bed rails dated . . . . . Further review of the record showed no documentation of a written care plan for the use of physical . . . . on file. Review of Resident #3's record revealed a prescription order for full side bed rails dated . . . . . Further review of the record showed no documentation of a written care plan for the use of physical . . . . on file. On . . . . . /at 1:25 PM, concerning the physical care plans for Resident #1,#2, and #3 , the Administrator stated, " I did them, but I do not have them here at the facility". Class III Uncorrected	{A 033}		

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{A 078}	Continued From page 2	{A 078}		
{A 078} SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their	{A 078}		

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{A 078}	Continued From page 3 responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility . . . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review an interview, the facility failed to provide documentation within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . ; and evidence of a negative examination must be documented on an annual basis for one out of three sampled staff (Staff B). Findings included:	{A 078}		

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{A 078}	Continued From page 4 Review of personnel records for Staff B showed no documentation of a written statement from a health care provider documenting that she did not have any signs or symptoms of communicable nor evidence of a negative examination. Staff B's hired date was . . . . . . On . . . . . at 1:30 PM, concerning Staff B not having a statement for communicable and . . . . . examination, the Administrator acknowledged Staff B did not have the the documentation for communicable . . . . . and negative examination in file. Class III Uncorrected	{A 078}		