STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966989	06/18/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Two Sisters Home Care, Inc	11470 Sw 80 Terrace Miami, FL 33173	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An Abbreviated Biennial Survey was conducted on , 2013. Two Sister Home Care, Inc had the following deficiencies,

0030-Resident Care - **Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS**

Based on observation, record review and interview the facility failed to limit the use of phyrical to half side rails.

Findings as follow:

On at about 8:35 a.m. it was observed resident #1 in bed sit with full rails up in both sides of the bed. Record review documented the facility had an order for the use of full bed rails. Record review documented the record of resident #1 had a consent for the use of full bed rails.

On at about 11:20 a.m. the facility administrator stated the facility used the full bedrails for resident #1 due to resident was in hospice and had the full rail prescription.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on record review and interview the facility failed to have a manager (staff #2) who successfully passed the Core competency test.

Findings as follow:

Record review documented the facility administrator (staff #1) administered 3 facilities.
Record review documented the facility failed to have proof that the manager (staff #2), hired on , succesfully passed the CORE competency test.
On at about 11:30 a.m. the facility administrator stated the manager made the CORE test but failed it.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966989	**06/18/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Two Sisters Home Care, Inc	**11470 Sw 80 Terrace Miami, FL 33173**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview the facility failed to have 1 of 5 staff members trained in working with limited mental health residents.

Findings as follow:

Record review documented the facility had no proof of the limited mental health training for staff #3 hired on

On at about 11:30 a.m. the facility administrator stated staff #3 (caretaker) did not receive the limited mental health training yet.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Two Sisters Home Care, Inc
11470 Sw 80 Terrace
Miami, FL 33173

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121