STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965785	03/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Two Sisters Home Care Corp	9356 Nw 121 Terrace Hialeah Gardens, FL 33018	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard survey was conducted on , 2014. Two Sisters Home Care Corp., had deficiencies at the time of survey.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation, record review, and staff interview the facility failed to ensure appropriate medication storage. (Resident #2,5)

On at 10:07 a.m., during a record review, the following medications were observed in the refrigerator ' s door unlocked: 1 container of 20 MG (Resident #2) and 1 hospice kit of medication (resident #5).

On at 10:12 a.m., during an interview with administrator she stated, " I used to have a refrigerator for medication, but it is broken. " She also stated, " I did not know that resident #5 ' s medication hospice kit needed to be locked. "

On at 2:45 p.m., findings were reviewed with the administrator, and she confirmed the findings.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on observation, record review, and staff interview the facility failed to ensure appropriate assistance with self-administration medication order, as it was prescribed at the MOR. (Resident #3)

Findings include:

On at 12:00 p.m., during a Med-pass surveyor found that the facility failed to have a doctor's order indicating changes in medication time to resident #3. MOR revealed that resident #3 medication times was changed from7:00 a.m. to 12:00 p.m. Facility did not have a new order indicating the change of time.

On at 12:17 p.m., Administrator stated, " I don ' t have an order. " She stated, " I told the doctor that I will change the order because resident started to over act around lunch time. " Administrator said, " I changed the time for resident #3 medication to 12:00 p.m. "

On at 2:45 p.m., findings were reviewed with the administrator, and she confirmed the finding in regards

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resident #3 medication time was changed at the MOR without a doctor order.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on personnel record review and staff interview the facility failed to ensure that all hired staff had received an initial 4 hours of education training on providing assistance with self-administered medication and safe medication practices for 1 out of 3 (C) sampled staff.

The findings include:

On at 12:37 p.m., staff C record review and interview revealed missing documentation of an initial 4 hours of continuing education training on providing assistance with self-administered medication and safe medication practices for staff C. (hire date /).

On at 2:45 p.m., the administrator acknowledged staff staff had not received the appropriate medication training.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2014

Administrator
Two Sisters Home Care Corp
9356 Nw 121 Terrace
Hialeah Gardens, FL 33018

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 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,

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