STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967789	07/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Two Sisters Alf Inc	1675 Sw 25 Avenue Miami, FL 33145	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

0000-Initial Comments

A limited nursing services monitoring survey was conducted on . Two Sisters Assisted Living Facility Inc had deficiencies at the time of the survey.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, record review and interview the Assisted Living Facility's caregivers failed to follow appropriate steps during assistance with medication self-administration with two out of four sampled residents (#1 and #2).

Findings include:

Observation on at approximately 12:15 p.m. revealed caregiver_Aapproached to resident # 1 with a pill on her hand and stated on Spanish "Mira residente #1", meaning "Look resident #1", and handed a pill to resident #1 with a cup with water. Caregiver_A did not wash her hand and was not wearing gloves when she took medicine in her hands.

Observation on at approximately 12:16 p.m. caregiver_A went back to the medication cabinet, she did not wash her hands, use hand sanitizer or gloves. The caregiver took the medication box and took out a pill that passed it to caregiver_B. Caregiver _B did not wash her hands, use hand sanitizer or gloves, took the pills and stated in Spanish " Residente #2 mira tu pastilla" meaning " Resident #2 looks your pill"

During medication reconciliation of medicine cards for resident #1 revealed his medication observation record noted he recieved / Levo mg 1 tablet at 12 noon. During medication reconciliation of medicine cards for resident #2 and her medication observation record resident supposedly took tablet at 12 noon.

In an interview with caregiver_A on at approximately 12:17 p.m. she revealed that she was not a licensed nurse but she did not think that she did something wrong.

In an interview with caregiver_B on at approximately 12:17 p.m. she revealed that she was not a licensed nurse and she admitted that she made some wrong steps while assisting resident #2 with medication self-administration.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967789	07/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Two Sisters Alf Inc	1675 Sw 25 Avenue Miami, FL 33145	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on observation and interview the Assisted Living Facility failed to keep medication secured at all times.

Findings include:

Observation on at approximately 12:12 p.m. revealed the facility's medication cabinet in the florida unlocked. Residents #1,#2, #3 and #4 were on the florida .

In an interview with caregiver_A on at approximately 12:13 p.m. revealed that she just left medication cabinet open for few minutes and nothing happen it was not a problem.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Two Sisters Alf Inc
1675 Sw 25 Avenue
Miami, FL 33145

Dear Administrator:

This letter reports the findings of a limited nursing services monitoring 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,

Kristal Branton

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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