

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967485	(X3) DATE SURVEY COMPLETED 11/25/2014
NAME OF PROVIDER OR SUPPLIER Two Sisters Love & Care, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 54-56 Nw 45th Avenue Miami, FL 33126	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0093-Food Service - Dietary Standards-11/25/2014

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey Revisit was conducted on 11/25/14. Two Sister Love & Care, Inc. had no deficiencies found at the time of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

December 2, 2014

Administrator
Two Sisters Love & Care, Inc
54-56 Nw 45th Avenue
Miami, FL 33126

Dear Administrator:

This letter reports the findings of a Standard Biennial survey revisit conducted on November 25, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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