STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966989	12/02/2014
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 - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0181 - 58a-5.026(2) Fac - Emergency Mgmt - Plan Approval S-S= D

Specific Tag Findings:

0000-Initial Comments

A Change of Ownership survey was conducted on . Two Sisters Home Care, Inc had the following deficiencies at the time of the survey:

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

Based on record review and interview the facility failed to have 1 of 3 (#1) facility staff trained in 2 hours of assisting with self administration of medications continuing education.

Findings as followed:

Record review showed the facility failed to have the administrator trained in assisting with self administration of medications, 2 hours continuing education training. Record review showed the last assisting with self administration of medications training for staff #1 was dated .

On at 11:50 the facility's administrator stated she did not received the 2 hours assisting with self administration, continuing education training.

Class III

0181-Emergency Mgmt - Plan Approval 58A-5.026(2) FAC

Based on record review and interview the facility failed submit an emergency management plan after changing ownership.

Findings as followed:

Record review showed the facility's last emergency management plan approval was dated . The facility did not have any documentation that the plan was submitted to county's emergency management plan department.

On , the facility's administrator acknowledged the facility failed to have documentation of the facility emergency management plan approval.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a Change of Ownership 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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