STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967789	06/02/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Standard Biennial survey was conducted on . Two Sisters ALF Inc. with Limited Nursing Services (LNS) component had the following deficiencies at time of the survey:

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation and interview the facility failed to encourage the residents to participate in social, recreational, educational and other activities within the facility and the community.

Findings included:

Observations on at 11:45 AM found the 2015 calendar for activities posted.

Observations on during the hours of 11:00 AM and 5:30 PM found some of the residents were watching television in the common area and others were sitting in the living .

During the interviews on at 3:00 PM, Resident #'s 1 and 2 stated that they do not do any kind of activities in the facility.

Interview conducted on at 5:00 PM, Staff A, Administrator admitted that the activities are not offered to residents as often as it should be. She stated that the activity staff has been sick for some time.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility failed to provide proof of documented resident elopement response drills.

Findings include:

Record review and request for resident elopement response drills showed that no documentation was available in the facility for review during the survey.

Interview conducted on at 5:15 PM, Staff A, Administrator stated "We conducted two resident elopement response drills this year but I was unable to find the documentation."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted on , 2015 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
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