STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965785	02/03/2016
NAME OF PROVIDER OR SUPPLIER **TWO SISTERS HOME CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **9356 NW 121 TERRACE** **HIALEAH GARDENS, FL 33018**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An Abbreviated Biennial Survey was conducted on , 2016. The facility Two Sisters Home Care with Limited Mental Health component had the following deficiencies found at time of the survey:

0010 Admissions - Continued Residency

Based on observations, interview, and record review the facility failed to ensure that one out of six sampled residents (#1) met continued residency criteria. The facility also failed to have a updated health assessment for one out of six sampled residents (#1) who had a decline in levels of activities of daily living (ADLs).

Findings included
Observation on from 9:00 am to 11:30 am found Resident #1 sitting on a recliner with her feet up.
Medication pass observations on at 12:00 pm found Staff B assisted Resident #1 with medications. Staff B approached the resident and expressed that she will gave her the medication; however, Resident #1 have no expression on her face. Staff B place the cup of with the medication in Resident #1's right hand a cup and assisted the resident in holding the cup. Staff B had to assist Resident #1 in holding the cup and moving it towards her mouth to take the pill.
Lunch observations on at 12:05 pm found Staff C fed Resident #1 the pure meal.
Attempted interview with Resident #1 showed the resident was not able to response or keep a conversation.
Record review found Resident #1's last health assessment was dated and documented the resident needed assistance with self-administration of medications and ADLs.
Interview on at 2:30 pm with the Administrator, she stated Resident #1's health had deteriorated, and she needed more assistance. The Administrator also stated Resident #1 will be admitted in hospice services.
Class III

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint a separate Manager in writing at each facility.

Findings included:

Review on of the facility finder website revealed the Administrator supervised three locations. The facility failed to appoint a separate Manager in writing at each facility.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965785	02/03/2016
NAME OF PROVIDER OR SUPPLIER **TWO SISTERS HOME CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **9356 NW 121 TERRACE** **HIALEAH GARDENS, FL 33018**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Interview on at 10:00 am the Administrator stated, "I have no managers appointed; however, Staff B is on the process to take the CORE but she does not registered to take the CORE exam yet. "
Class III

0080 Training - Core & Competency Test

Based on record review and interview the facility's Administrator failed to participate in 12 hours of continuing education in topics related to assist living every 2 years.

Findings included:

Record review on of the Administrator's file revealed that she did not have the 12 hours of continuing education in topics related to assisted living every 2 years. The last training was dated

Interview on at 11:00 am the Administrator stated that she will call the consultant to make an appointment to take the 12 hours of continuing education.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview the facility failed to provide annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF for one out of four (Administrator) sampled staff.

Findings included:

Record review on revealed the Administrator did not have documentation of a minimum of 2 hours of continue education training on providing assistance with self-administration of medications at time of survey. The last training was dated / .

During an interview on / at 11:30 a.m. the Administrator acknowledged that she did not have documentation of a minimum of 2 hours of continue education training on providing assistance with self-administration of medications at time of survey.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965785	02/03/2016
NAME OF PROVIDER OR SUPPLIER **TWO SISTERS HOME CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **9356 NW 121 TERRACE** **HIALEAH GARDENS, FL 33018**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0161 Records - Staff

Based record review and interview the facility failed to ensure that one out of four (B) sampled staff had a completed employment application, with references furnished.

Findings included:

Record review on revealed Staff B did not have a complete employment application with references on file.

During an interview on at 12:30 pm the Administrator acknowledged that Staff B did not the documents on file completed at time of survey.

On at 1:14 pm Staff B stated "I have been working here form about 2 weeks, I love to work here."

Class III

Z816 Background Screening-Compliance Attestation

Based on observations, record review, and interview the facility failed to ensure that one out four (B) sampled staff did not have a 90 day break in services prior to accepting their background screening.

Findings included:

Observations on from 9:00 am to 2:00 pm found Staff B was assisting Residents 1-6 in the facility.

Record review on revealed Staff B's background screening was dated . The facility did not have a completed application for Staff B and no documentation that references were checked.

On at 1:14 pm Staff B stated, "I have been working here for two weeks."

Interview on at 11:02 am the Administrator stated, she has been working here for two weeks, but she was working at a sister location four weeks. She used to work us, but she left to New York and came back to work here."

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial licensure survey that was conducted on , 2016 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite 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

XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com