STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967789	06/27/2016
NAME OF PROVIDER OR SUPPLIER TWO SISTERS ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1675 SW 25 AVENUE MIAMI, FL 33145	

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

0000 Initial Comments

A Monitoring Survey to check on the residents was conducted on . Two Sisters ALF, Inc. with a Limited Nursing Services component, License #11776 had the following deficiencies found at the time of the survey:

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to provide a safe environment to the residents by not having a fire sprinkle system for a census of 10 residents.

Findings Included:

On at 1:05 PM during the tour observed the facility's fire inspection was unsatisfactory because the facility did not have a fire sprinkle system installed.

On at 1:05 PM during the facility tour was observed the facility did not have a sprinkle system throughout.

On at 3:00 PM during the exit conference with the owner and administrator, they stated that they were going to fix them as soon as possible.

Class III

0160 Records - Facility

Based on observation, record review, and interview the facility failed to have a satisfactory health and fire inspection, annually.

Findings included:

On at 1:05 PM during the tour observed the fire inspection report dated but it was unsatisfactory, because the facility needed to install fire sprinkle system and the facility needs to repair emergency lights. The health inspection was dated and expired . The facility failed to have a satisfactory health and fire inspection, annually.

On at 3:00 PM during the exit conference with the Owner and Administrator, they stated that they were going to fix them as soon as possible.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967789	**06/27/2016**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a Monitoring 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

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