STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967789	R 11/01/2016
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 Second Revisit was conducted on 1, 2016. Two Sisters ALF, Inc. (AL#11776) with Limited Nursing Services component had an uncorrected deficiency at the time of the survey.

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and interview the facility failed to send an adverse incident report to the Agency for Health Care Administration (AHCA) for 1 out of 1 sampled resident (Resident # 1).

Findings included:

Review of the incident report book revealed that there was no prove that the facility had sent the one day incident report to AHCA regarding Resident #1's on , 2016.

The facility's Administrator stated on / / at 11:00 am that she had sent the report through the computer but that she had realized one week ago that there had been a problem with the computer and the report did not go through and that since the report was so old she did not know if she should send it or not.

Uncorrected Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11967789 Y1	A. Building B. Wing Y2	/ / Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
TWO SISTERS ALF INC	1675 SW 25 AVENUE MIAMI, FL 33145

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0160 Reg. # 58A-5.024(1) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO		

EVENT ID: 554S13

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a **second** Monitoring Licensure Revisit Survey conducted on 1, 2016 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than** .

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

YOSF

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