STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967789	R **01/26/2017**
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 Third Revisit Survey was conducted on 01/26/17. Two Sisters ALF, Inc. (AL#11776) with Limited Nursing Services component had deficiencies found at the time of the survey.

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period.
Findings included:
On I/ at 11:15 a.m. found Staff C, D, and E assisting residents with activities of daily living. Also, observed the facility's staffing schedule posted.
Record review showed Staff A or B and C were scheduled to work. The scheduled did not have any changes listed and it also did not have Staff D and E listed.
During an interview on I/ / at 12:22 p.m. the facility's Owner acknowledged that staffing scheduled posted was not updated.
Class III

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on observation, record review, and interview the facility failed to obtain a Level II background screening for 1 of 5 sample staff (E) who was providing care and services to residents.
Findings included:
On I/ at 11:17 a.m. observe Staff E (caregiver) assisting hospice resident (#1).
Attempted to interview Staff E (caregiver) she did not want to be interviewed. Observed Staff E in the common area, she assisted Resident #1 transfer, she lift the resident from the wheelchair and place her in the recliner chair.
Staff E stated "I do not have a social security. I do not have identification (ID) with me. I'm waiting in the the other staff to assist Resident #2 with bathing."
During an interview on I/ at 11:31 a.m. Resident #3 stated, " I don't know her name but she work here."
Review of the Background Screening Clearinghouse database showed no eligible background screening for Staff E.
During an interview on I/ at 12:22 p.m., the facility owner stated that Staff E came to the facility to clean and do laundry at the facility. She stated I did not have any documentation for Staff E. She does not have personnel record.
Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

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

Dear Administrator:

This letter reports the findings of a Monitoring third revisit survey conducted on , 2017by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

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 . Please submit a plan of correction to the field office.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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