STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965982	**02/04/2017**
NAME OF PROVIDER OR SUPPLIER **TWO SISTER'S HOME CARE II CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **12335 NW 98 AVENUE HIALEAH, FL 33016**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on and concluded on . Two Sister's Home Care II Corp, license number 10285, had deficiencies found at time of the survey.

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on record review and interview the facility failed to ensure that only licensed personnel administered medications for 4 out of 6 (Resident #2, #3, #4 and #6) sampled residents.

Findings included:

Observation on at 10:00 AM found Resident #2. #3, #4 and #6 cannot assist with their medications.

Observation on at 6:30 PM showed Staff B and C were in care of the residents and providing personal services to them.

Resident's #2, #3, #4 and #6 medication observation records review on at 6:45 PM showed family members administered their medications at 7:00 PM. Review of the medications showed that the medications were given. No family members were in the facility during the visit.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview the facility failed to maintain accurate daily medication observation records (MORs) for each resident who receives assistance with self-administration of medications for 5 out of 6 sampled residents (Resident #2, #3, #4, #5, and #6).

Findings included:

Observation on at 6:30 PM showed Staff B and C were in care of the residents and providing personal services to them.

Resident #5's MORs showed on at 6:40 PM she received her medications scheduled at 6:00 PM and 7:00 PM and Staff D assisted her with her medications. The MORs was signed with a "N."

Residents #2, #3, #4, and #6's MORs showed on at 6:45 PM that family members

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administered their medications at 7:00 PM. Review of the medications showed that the medications were given. No family members were in the facility during the visit.

Interview conducted on at 6:50 PM, administrator stated "The Staff D signed with an N. She is scheduled to work in the facility from 7:00 PM to 7:00 AM. "

Class III

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

Based on observation, record review, and interview the facility failed to maintain an accurate written work schedule.

Findings included:

Observation on at 6:30 PM showed Staff B and C were in care of the residents and providing personal services to them.

Staffing schedule review showed Staff B is scheduled to be in the facility 9:00 AM-6:00 PM, Staff C is scheduled to be at the facility from 7:00 AM-4:00 PM, Staff D is scheduled to be in the facility 6:00 PM-7:00 AM.

Interview conducted on at 6:50 PM, administrator stated "Staff D is on her way. She is schedule to be at the facility from 7:00 PM to 7:00 AM."

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to have a signed consent for unlicensed staff assisting with self-administration of medications for 1 out of 6 (Resident #1) sampled residents.

Findings included:

Record review showed Resident #1 did not have a signed consent for unlicensed staff assisting with self-administration of medication.

Interview conducted on at 1:30 PM, the administrator acknowledged that Resident #1 did not

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SUMMARY STATEMENT OF DEFICIENCIES
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have a sign the consent for unlicensed staff assisting with self-administration of medication.

Class III