STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968124	R **11/08/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWO SISTERS TENDER CARE LLC	**4521 NW 6 ST** **MIAMI, FL 33126**

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 11/08/17. Two Sisters Tender Care LLC (License #12069) had a deficiency identified during the time of the survey.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation an interview, the facility failed to keep medication locked at all times.

Findings included:

Observation on at 9:25 A.M. revealed there was a medication box found unlocked on top of the kitchen counter with Resident #9's medication, Lantus 20 unit.

Interview on at 9:30 A.M. Staff E (caregiver) addressed the medication issue with home health agency nurse, the nurse acknowledged and locked the box.

Class III