STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967701	12/20/2017
NAME OF PROVIDER OR SUPPLIER **TWO SISTERS ETERNITY CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8610 S W 97 RD** **MIAMI, FL 33173**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Two Sisters Eternity Care. License #11695, had the following deficiency identified at the time of the survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observations, record review, and interview the facility failed to ensure that 1 of 6 sampled resident met continued residency criteria (Resident #1). Resident #1 had an unstageable , and required total care with activities of daily living.

Findings included:

Facility tour on at 9:38 AM found Resident #1 in bed with full bed rails placed.

On at 10:01 AM the Administrator stated "Resident #1 began hospice services yesterday."

Record review revealed Resident #1's last health assessment dated documented the resident required total care for all activities of daily living and had a , , stage was not documented on assessment.

Interview with hospice staff on at 9:58 AM revealed Resident #1's was unstageable due to tissue.

Facility progress notes for Resident #1 documented the following:
Resident was transferred to hospital due to her condition, she wasn't eating well she was also feeling weak and an on her right foot.
She returned to ALF with care. She is feeling much better eating well. HHC is providing care following doctor instructions.
Doctor provided hospice evaluation/prescription. Physical decline. The family will come today to do the admission. Hospice will provide medication administration & care in the affected area. Bedbound.

Class III