

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 01/19/2018  
FORM APPROVED

|                                                                        |                                                                                        |                                                                     |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968124</b>            | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><br><b>12/29/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>TWO SISTERS TENDER CARE LLC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4521 NW 6 ST</b><br><b>MIAMI, FL 33126</b> |                                                                     |

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

**0000 - Initial Comments**

A Standard Biennial Survey Second Revisit was conducted on December 29, 2017. Two Sisters Tender Care Llc. (License #12069) had no deficiencies identified at the time of the survey.