| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965982 | R<br>04/06/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **TWO SISTER'S HOME CARE II CORP** | **12335 NW 98 AVENUE HIALEAH, FL 33016** |

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

**0000 - Initial Comments**

A Complaint (CCR# 2017015464) Survey was conducted on and concluded on at Two Sister's Home Care II Corp, license number 10285. The facility had a deficiency at time of the survey.

**0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC**

Based on record review and interview, the facility failed to have written documentation for one of six (#2) sampled residents who an x-ray completed after a .

Findings included:

Observation on at 12:30 pm revealed Resident #2 had a dark area around her right eye. Resident #2 stated during an interview, "I ."

Record review revealed Resident #2's progress notes stated she on and had an X-ray done.

Interview on at 12:40 pm Resident #2's family member reported, "The facility called me and advised me that my mother , but it was nothing, and I refused to send her to the hospital. She did not have X-ray done."

Interview on at 12:56 pm Staff A and B stated Resident #9's "Daughter refused to send her to the hospital; however, we call the doctor, and he requested an x-ray." In addition, Staff A and B stated, "Resident #2 received an X-ray, but I have no documentation in the facility to show you right now."

The facility did not have the results from Resident #9's x-ray on , the facility faxed the x-ray information on .

Class III

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

Based on record review and interview, the facility failed to have an updated health assessment for one out of six (Resident #9) sampled residents. The facility also failed to have a signed consent to assist with self-administration of medications by an unlicensed staff for one of six (#9) sampled residents.

Findings included:

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965982** | R<br>**04/06/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**TWO SISTER'S HOME CARE II CORP** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**12335 NW 98 AVENUE**<br>**HIALEAH, FL 33016** | |

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

Record review revealed Resident #9, admitted on [redacted], health assessment dated [redacted] stated the resident needed administration of medication.

Interview on at 12:30 pm Staff A stated, "Resident #9 does not need administration of medications. Staff assisted Resident #9 with self-administration of medications daily; the doctor made a mistake filling out the form.

Resident #9's record did not have a signed consent for unlicensed staff to assist with self-administration of medications. In addition, Resident #9's Medication Observation Records (MORs) were completed from - by unlicensed staff.

Interview on at 12:30 pm Staff A stated, "I did not know how I missed the unlicensed consent for the medication signature, I will call family member to come over and sign the document."

Uncorrected Class III