STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966989	**05/31/2018**
NAME OF PROVIDER OR SUPPLIER **TWO SISTERS HOME CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11470 SW 80 TERRACE** **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 and concluded on . Two Sisters Home Care Inc, license number 11087, had the following deficiencies identified at the time of the survey:

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

Based on observation, record review, and interview, the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period

Findings included:

On at 9:20 AM arrived to the facility, Staff B was the alone caring for 6 residents.

A review of the facility's staffing schedule revealed Staff B was scheduled from 6:00 AM-6:00 PM, and Staff C was scheduled from 6:00 PM -6:00 AM, and Staff D was schedule from 6:00 AM-6:00 PM.

On at 2:30 PM Administrator stated "Staff C was not able to come to work because she is and she was admitted to the hospital."

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview the facility failed to ensure that one out of seven sampled staff was knowledgeable in the subject of ( ) (Staff D).

Findings included:

On at 2:22 PM during interview with Staff D stated she did not remember what a ( ) was.

A review of Staff D's employee filed showed the staff was hired on and she received the ( ) on .

Class III

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