STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967789	**04/22/2019**
NAME OF PROVIDER OR SUPPLIER **TWO SISTERS ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1675 SW 25 AVENUE** **MIAMI, FL 33145**	

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

0000 - Initial Comments

A re-licensure survey was conducted at Two Sisters ALF, Inc. on , , . Deficient practice was identified at the survey.

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on record review, and interview, the facility failed to have a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices for two out of six (D and E) sampled staff.

Findings included:

Personnel records revealed Staff D was hired on and Staff E was hired on . Staff D and E did not have a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.

On at 11:30 AM assistant administrator stated that she had all the training on the other facility and that she was going to look for them.

Class III