| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968124 | 05/07/2019 |
| NAME OF PROVIDER OR SUPPLIER<br>**TWO SISTERS TENDER CARE LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4521 NW 6 ST**<br>**MIAMI, FL 33126** | |

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

**0000 - Initial Comments**

A biennial survey was conducted at Two Sisters Tender Care Llc on [redacted] and concluded on [redacted]. Deficiencies were identified at the time of the survey.

**0027 - Resident Care - Arrangement for Health Care - 58A-5.0182(3) FAC**

Based on record review and interview, the facility failed to provide care and offer personal supervision appropriate to the needs of one out of ten (Resident #6) sampled residents. The facility failed to notify the physician of a significant change of a resident who was transferred to the hospital by a family member for one out of ten (Resident #6) sampled residents.

Findings included:

Interview conducted on [redacted] at 2:00 PM, the Administrator stated Resident #6 was transferred to hospital on [redacted] and did not returned. She is living with her daughter.

Resident #6's health assessment documented a diagnosis of [redacted], and unsteady gait. The resident was independent with eating and toileting, needed assistance with bathing and supervision with the rest of the activities of daily living. Progress notes documented that on [redacted], Resident #6 had [redacted] in her left [redacted], her family was notified, and they decided to transfer her to the hospital.

Hospital record review showed that Resident #6 was brought to the hospital on [redacted] after she was having a persistent [redacted] in her right [redacted]. The resident stated she stood up and heard a cracking sound. Since then she was unable to ambulate due to [redacted]. She has [redacted] of left popliteal [redacted]. She was discharged home with home health care on [redacted].

There was no documentation that Resident's #6 physician was contacted after she had [redacted] in her left [redacted] and was transferred to the hospital by her daughter.

Class III

**0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27**

Based on record review and interview, the facility failed to provide the forty-five days notice for relocation for one out ten (Resident #7) sampled resident.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968124 | 05/07/2019 |
| NAME OF PROVIDER OR SUPPLIER<br>**TWO SISTERS TENDER CARE LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4521 NW 6 ST**<br>**MIAMI, FL 33126** | |

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

Findings included:

Record review showed Resident #7 was admitted on . The health assessment dated indicated the resident was diagnosed with , , Seed Localization (RLS), , , , and tobacco . The resident needed assistance with all the activities of daily living. Progress notes document that she was discharged as per family decision on .

Interview conducted at 1:15 PM, Resident's #7 daughter stated that she received a call from the facility's administrator to let her know that she found a new place for her mother. She told me that my mother screamed to the staff because she wanted to smoke outside. The administrator explained to her that her mother needed to move immediately before the end of the month in order that the new facility receive the full payment. I was unable to see the new facility before she was transferred. She confirmed that her mother did not received the 45 days notices at any time.

Class III

**0077 - Staffing Standards - Administrators - 429.176 FS; 429.52( ),58A-5.019(1) FAC**

Based on record review and interview, the facility failed to employ a manager that serve , as a manager in another facility.

Findings included:

A review of health finder database showed the Administrator supervised three assisted living facilities.

Review of the background screening database showed that the manager hired on was also acting as a manager at another facility with a hire date of .

Interview conducted on at 1:00 PM, the Administrator stated that she supervised three assisted living facilities. She appointed Staff B as a manager of two of her facilities because the facilities were within a 15 mile of each other.

Class III

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

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968124** | **05/07/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**TWO SISTERS TENDER CARE LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4521 NW 6 ST**<br>**MIAMI, FL 33126** | |

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

Based on observation, record review, and interview, the facility failed to provide an accurate health assessment for one of four (Resident #3) sampled residents.

Findings included:

Observation on . . . . . at 9:40 AM showed Resident #5 lying in bed.

A review of Resident # 5's record showed the last health assessment was completed on . . . . . and it stated that the resident required supervision with eating and assistance with the rest of the activities of daily living. The resident needed assistance with self-administration of medications, and had a regular diet.

Hospice record review showed Resident #5 had been receiving hospice services since . The resident required total assistance with activities of daily living and medication administration.

Interviewed on . . . . . at 1:00 PM, Administrator stated that hospice's nurse administer the medication s to Resident's #5. She confirmed that Resident #5 did not have an updated heath assessment.

Class III