

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966989	(X3) DATE SURVEY COMPLETED 01/21/2015
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 TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0084-Training - Assis Self-Admin Meds & Med Mgmt-01/21/2015
0181-Emergency Mgmt - Plan Approval-01/21/2015

Specific Tag Findings:

0000-Initial Comments

A Change of Ownership survey revisit was conducted on 01/21/2015. Two Sisters Home Care, Inc had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 2, 2015

Administrator
Two Sisters Home Care, Inc
11470 Sw 80 Terrace
Miami, FL 33173

Dear Administrator:

This letter reports the findings of a Change of Ownership licensure survey revisit conducted on January 21, 2015 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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