STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967485	**05/20/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
TWO SISTERS LOVE & CARE, INC	**54-56 NW 45TH AVENUE MIAMI, FL 33126**	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring survey was conducted on , 2015 and concluded on , 2015. Two Sisters Love & Care, Inc. with Limited Nursing Services and Limited Mental Health components had the following deficiency found at time of survey:

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

Based on observation, record review, and interview, the Assisted Living Facility (ALF) failed to coordinate the delivery of services by third party services for one out three sampled residents (#1).

Findings include:

Observation on at 2:36 PM found Resident #1 sitting in a wheelchair in the facility's Florida was observed to have a blackish skin discoloration in the inner canthus of right eye.

Review of Resident #1's file revealed that there was no progress notes completed by the ALF staff or ALF's Administrator explaining how Resident #1 obtained this skin discoloration on her face. Resident #1 started to receive hospice services on , and the hospice nurse's last visit was on and there was no documentation of an injury.

In an interview with Caregiver-A on at 3:24 PM revealed, the facility did not document what happened to Resident #1.

In an interview with the hospice nurse on at 3:27 PM revealed, the facility did not inform him of anything regarding what happened to Resident #1. The hospice nurse revealed that Resident #1 did not have any injury or in her face when he left on vacation the previous week.

In an interview with Resident #1's daughter via telephone on at 3:30 p.m. revealed, that she was called and informed by the facility that a doctor checked on her and the she was okay.

In an interview with the Administrator on at 3:40 PM revealed, Resident #1 hit her face on the half bed rail last Saturday ( ), and she did not call hospice. The hospice doctor was not called and the facility did not seek medical attention for Resident #1. She did not document the incident. She did not complete any incident report. She called Resident #1's daughter, granddaughter, and brothers to inform them. The administrator reported, Resident #1 had days when she got a little agitated.

Hospice record review for Resident #1 revealed, the hospice doctor had a face to face examination of the resident on and noted a right frontal hematoma in the upper and lower eyelids and upper nose area.

In an interview with the hospice doctor via telephone on at 4:21 PM revealed, a possible complication for

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967485	**05/20/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
TWO SISTERS LOVE & CARE, INC	**54-56 NW 45TH AVENUE MIAMI, FL 33126**	

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

0030 Continued From page 1

that type of could be a hematoma and depending of the extent of the injury, patients with hematoma could need surgery to decrease

Class II

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Two Sisters Love & Care, Inc
54-56 Nw 45th Avenue
Miami, FL 33126

Dear Administrator:

This letter reports the findings of a Limited Nursing Services Monitoring survey that was completed on , 2015 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit.

Please forward documentation of correction to the Field Office. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Two Sisters Love & Care Inc.
C/O Iraida Alvarez, Administrator
54-56 Nw 45th Avenue
Miami, FL 33126

Dear Administrator:

This letter reports the findings of a Limited Nursing Services Monitoring survey conducted on , 2015 and concluded on , 2015, by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within ten days of receipt of this report.

The inspection resulted in findings of non-compliance in the following areas:

1) A-0030 Resident Care- Rights and facilities procedures- Class II
Your Assisted Living Facility failed to coordinate the delivery of services to residents by third party providers.

Directed Corrective Actions:

1) The facility shall implement a written policy ensuring all residents have access to adequate and appropriate health care consistent with established and recognized standard within the community in both routine and emergency medical care. The policy must include requirements for coordination of services, sharing of information and documentation from third party service providers. **This shall be completed by , 2015.**

2) The facility shall conduct an in-service training to all direct care staff and have documentation of the training regarding documentation requirements for significant changes in resident conditions that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. Also, the training should include contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. **This shall be completed by , 2015.**

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

Two Sisters Love & Care, Inc
, 2015

Should you have any questions, please contact .. Laura Manville, Survey and Certification Support Branch, at (727) 552-1955 Verlande Exil, Health Facility Evaluator Supervisor, Miami, (305) 593-3100

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve

D7JR