RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted on , 2016 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. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite 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

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967485	**10/04/2016**
NAME OF PROVIDER OR SUPPLIER **TWO SISTERS LOVE & CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **54-56 NW 45TH AVENUE** **MIAMI, FL 33126**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on _____, 2016. Two Sisters Love & Care, Inc. (AL#11500) with Limited Nursing Services and Limited Mental Health components had a deficiency identified at the time of the survey.

0010 Admissions - Continued Residency

Based on observation, record review, and interview the facility failed to have a face-to-face medical examination by a health care provider after a significant change as part of the continuing residency criteria for one out of 11 sampled residents (Resident # 2).

Findings Included:

Record review of Resident #2's record revealed the last health assessment was completed on and reflected that the resident was under hospice care, required total assistance with her activities of daily livings and that she required medication administration.

On at 11:05 am the resident was observed drinking orange juice and eating a chocolate bar that her daughter gave her on her own without help.

The facility's Administrator stated on at 11:05 am that the resident was able to eat on her own most of the times without help, but that she had her bad days in which it was more difficult to eat on her own.

Class III