Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911674	A. BUILDING: _____ B. WING _____	04/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALICE'S HOME	12795 NW 10TH LANE MIAMI, FL 33182

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint survey number 2025002913 was conducted at Alice's Home on through . Deficiencies were identified at the time of the survey.	A 000		
A 030 SS=G	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.	A 030		

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A 030	Continued From page 1 (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.	A 030		

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A 030	Continued From page 2 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.	A 030		

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A 030	Continued From page 3 (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free	A 030		

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A 030	Continued From page 4 telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to	A 030		

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A 030	Continued From page 5 call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on interview, and record review, the facility failed to provide emergency medical services after a for one out of six (Resident #1) sampled residents. Resident #1 sustained a which resulted in injuries and received medical care three days after the . Findings included: On at 10:46 AM, Staff C stated that	A 030		

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A 030	Continued From page 6 she was working when Resident #1 . Resident #1 went to bed after lunch. She heard a noise and went to her room and found Resident #1 lying on the floor. She and Staff D assisted the resident off the floor. The resident was fine and did not have any . She notified the administrator, the resident's physician, and her daughter. The physician told her to observe the resident. The resident had a the next day and she notified the administrator. The administrator called the physician, and he ordered an X rays. On at 10:55 AM, Staff D stated that she was working when Resident #1 at the facility. Resident #1 out of bed when she was taking a nap after lunch. She and Staff C helped the resident to get up from the floor. The resident did not express any , after the . Staff C called Resident #1's physician and he told them to observe the resident during the day. We contacted the Administrator and the resident's daughter. Resident #1's arm was the next day, and we notified the doctor. The doctor ordered an , and it was done on Monday. On at 11:07 AM, the Administrator stated the facility staff informed him that Resident #1 on around 2:00 PM. The staff notified the residents' physician and family members. The family did want to send the resident to the hospital only if it was absolutely necessary. He also contacted the resident's physician immediately and he asked him to observe the resident. The staff informed him that one of the residents' was and red the next day. He notified the doctor, and he ordered an , . We called an ambulance to transfer the resident to the hospital after the results were received. The ambulance stated that the resident would be transferred to the hospital,	A 030		

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A 030	Continued From page 7 but they transferred her to a nearby urgent care. She then was transferred to the hospital. A review of Resident #1's hospital record showed the resident was transferred to the hospital via the emergency medical system ( ) on for reports of a that occurred two days ago at the facility. reported that the resident was evaluated by Fire rescue and a , was placed. They were concerned that the resident had a due to gross deformity. As per , the resident was evaluated by a radiologist technician at the facility early today and they opted to contact fire rescue to transfer the resident to the hospital for further management. The resident had right . , and a right closed deformity. The resident was diagnosed with a right . The resident had right- surgery and was discharged to the facility with home health services in stable condition on . A review of the online Adverse Incident Reporting System database showed documentation that the facility filed the report on . The report documented that "In the afternoon the resident went to bed as usual, a few minutes later we heard a noise in her room and when we arrived, we found the resident on the floor on . We checked her and she told us that she was fine and had no visible injuries at that time and was not complaining of , . We notified the doctor, the administrator and the family. The doctor told us to observe her. The family agreed. "The resident was discharged from the hospital after had right surgery on ." A review of Resident #1's record showed she was admitted to the facility on and has a	A 030		

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A 030	Continued From page 8 diagnosis of , , , , , , , , D deficiency, , , , , and , . The health assessment dated indicated the resident needed supervision with eating and assistance with ambulation, bathing, , self-care, toileting, and transferring. The progress notes documented that the staff found the resident on the floor on . The staff checked the resident, and she told them that she was fine. The resident did not have visible injuries and was not complaining of at that time. The staff notified the doctor, the administrator, and the resident's family. On in the morning, the staff noticed that the resident's right was a little and slightly red. The staff notified the doctor who recommended compresses for 48 hours and ordered an on her . The facility kept monitoring the resident and the were done on . The results were received on . The resident had a in her . The doctor sent the resident to the hospital. Class II	A 030		
A 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident	A 165		

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A 165	Continued From page 9 reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the	A 165		

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A 165	Continued From page 10 portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board.	A 165		

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A 165	Continued From page 11 (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on the interview and record review, the facility failed to submit an adverse incident report to the agency within one day and a 15-day full report for one out of five (Resident #1) sample residents. Findings included: A review of Resident #1's record showed she was admitted to the facility on and has a diagnosis of , , , , , , , D deficiency, , , and , . The health assessment dated indicated the resident needed supervision with eating and assistance with ambulation, bathing, , self-care, toileting and transferring. The progress notes documented that the staff found the resident on the floor on . The staff checked the resident, and she told them that she was fine. The resident did not have visible injuries at that time and was not complaining of . The staff notified the doctor, the administrator and resident's family. On in the morning the staff noticed that resident's right was a little and slighted red. The staff notified the doctor who recommended compresses for 48 hours and ordered an on her . The facility kept monitoring the resident and the 's were done on . The X rays results were received on . The resident had a in her . The doctor sent the resident to the hospital.	A 165		

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A 165	Continued From page 12 A review of the online Adverse Incident Reporting System database showed documentation that the facility filed the report on . The report documented that "In the afternoon the resident went to bed as usual, a few minutes later we heard a noise in her room and when we arrived, we found the resident on the floor on . We checked her and she told us that she was fine and had no visible injuries at that time and was not complaining of , . We notified the doctor, the administrator and the family. The doctor told us to observe her. The family agreed. "The resident was discharged from the hospital after had right surgery on ." A review of Resident #1's hospital record showed the resident was transferred to the hospital via the emergency medical system ( ) on for reports of a that occurred two days ago at the facility. reported that the resident was evaluated by Fire rescue and a , was placed. They were concerned that the resident had a due to gross deformity. As per , the resident was evaluated by a radiologist technician at the facility early today and they opted to contact fire rescue to transfer the resident to the hospital for further management. The resident had right , , and a right closed deformity. The resident was diagnosed with a right . The resident had right- surgery and was discharged to the facility with home health services in stable condition on . On at 12:30 PM, the Administrator confirmed that he did not submit an adverse incident report to the agency within one day after the incident.	A 165		

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A 165	Continued From page 13 Class III	A 165		