STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911674	**11/10/2015**
NAME OF PROVIDER OR SUPPLIER **ALICE'S HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **12795 NW 10TH LANE MIAMI, FL 33182**	

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

0000 Initial Comments

A Abbreviated Biennial Survey was conducted on , 2015. Alice's Home with Extended Congregate Care component had the following deficiencies identified at time of the survey.

0053 Medication - Administration

Based on interview and record review, the Assisted Living Facility failed to have a staff member licensed to administer medications in accordance with prescription label for one (#3) out of four sampled residents.

Findings included:

In an interview with Administrator on / / at 9:25 AM revealed that sometimes Resident #3's family members and sometimes him and Caregiver A administered to Resident #3.

In an interview with Resident #3 on / at 9:30 AM revealed that his has been administered by Administrator and Caregiver A. Medication reconciliation for Resident #3 revealed that an pen of Lantus 100 unit/ ml Sopn labeled as inject 15 units twice daily.

Class III

0079 Staffing Standards - Levels

Based on observation, record review, and interview, the Assisted Living Facility failed to maintain the minimum staff hours per week for four residents.

Findings included:

Observation on / at 8:15 AM revealed that Administrator and Caregiver A were the only staff members present in the facility.

Record review of staffing pattern of week of / thru / revealed that Administrator worked Sunday, Tuesday, Wednesday, Thursday, Friday and Saturday from 7 AM to 7 PM while Caregiver A worked Sunday, Monday, Wednesday, Thursday, Friday and Saturday from 7 AM to 7 PM.

In an interview with Administrator on / at 10:03 AM revealed that he stayed on nights some days and some days Caregiver A but residents have never been left alone.

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Class III

0162 Records - Resident

Based on record review and interview, the Assisted Living Facility failed to have a weight record that is initiated on admission and for residents receiving assistance with the activities of daily living must have their weight recorded semi-annually for one (#1) out of four sampled residents as well as to have a copy of the written informed consent staff assisting the resident with the self-administration of medication for two (#1 and #3) out of four sampled residents.

Findings included:

Record review of Resident #1's file revealed that Resident #1 was admitted on / to the facility. There was no informed consent for unlicensed staff to assist with self-administration of medication. Resident #1's health assessment (AHCA form 1823) completed on / revealed that Resident #1 needed assistance with ambulation, bathing, dressing, and transfer.

Record review of Resident #3's file revealed that Resident #1 was admitted on / to the facility. There was no informed consent for unlicensed staff to assist with self-administration of medication.

In an interview with Administrator on / / at 11:55 AM revealed that there was weight log in record for Resident #1 neither informed consent for unlicensed staff assist with med's.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Alice's Home
12795 Nw 10th Lane
Miami, FL 33182

Dear Administrator:

This letter reports the findings of a Abbreviated Biennial Survey that was conducted 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. 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 , 2015.** 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 Kristal Branton, Health Facility Evaluator Supervisor at 305-593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

jcj
Enclosure
XG90

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