RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

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

Dear Administrator:

This letter reports the findings of an Extended Congregate Care state licensure survey that was conducted on , 2017 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 , 2017.** 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911674	**01/24/2017**
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 Extended Congregate Care Monitoring Survey was conducted on 24, 2017. Alice Home Corp. (License # 7844) with Extended Congregate Care component had deficiencies identified at the time of the survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview the facility failed to provide documentation of an accurate health assessment for 2 out of 2 sampled residents (Residents # 1 and # 2).

Findings included:

A review of Resident # 1's record revealed that the last health assessment was completed on / and did not specify the type of assistance needed with medications. The assessment also stated that the resident required assistance with her activities of daily living.

On / / at 9:35 am the Administrator stated that Resident # 1 required total assistance with her activities of daily living and that the medications were being given by the Extended Congregate Care nurse who came to administer the twice a day.

Record review of Resident # 2 revealed that the last health assessment was completed on and did not have the height and the weight; it did not state that the resident needed home health for administration, did not specify the type of assistance needed with medications and stated that the resident had a pressure on the right foot.

On / at 9:15 am the facility administrator stated that the resident is able to ambulate with a walker and that the pressure healed a long time ago.

Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on record review and interview the facility failed to have the licensed person who was administering the medications sign the medication observation record (MOR) for 1 out of 2 sampled residents (Resident # 1).

Findings included:

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A review of Resident # 1's record revealed that the MOR was being signed by the Administrator, who is not licensed to administer medications.

On 01/24/17 at 9:35 am the Administrator stated that the resident required total assistance with her activities of daily living and that the medications were being given by the Extended Congregate Care nurse who comes to administer the twice a day. However at 9:40 am the Administrator stated that he is the one signing the medications and that he will let the nurse know that she has to sign the MOR.

On / at 10:04 am the Extended Congregate Care nurse stated on the phone that she is the one administering the medications to Resident # 1 but that she documents on her home health folder that she gave the medications . She further stated that starting at this moment she will start signing the MOR, and that sometimes the facility owners do not like the nurses touching the MOR.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to keep the updated interdisciplinary care plan on the resident's record for a resident that is receiving hospice services (Resident # 1).

Findings included:

Record review of Resident # 1 revealed that the resident was receiving hospice services and that the last care plan was dated / and was good for 14 days.

On / / the facility administrator stated at 9:50 am that he will contact the hospice nurse to make sure that the care plan is kept updated.

Class III

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Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview the facility failed to have the signed attestation of compliance with background screening in the staff personnel record for 3 out of 3 sampled employees (Staff A, B and C).

Findings included:

Personnel record review for Staff A, B and C revealed that none of them had the signed Attestation of Compliance in their record.

On / at 10:32 am the administrator stated that he will see his consultant to get the attestation form to get signed by all the employees.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview the facility failed to have an eligible Level II Background Screening result in the employee record for 2 out of 3 sampled staff (Staff A and C).

Findings included:

Record review for Staff A revealed that his last eligible Level II Background Screening was completed on / ; he had a new one done on / / and the eligibility result stated, "Screening in process."

On / / at 10:15 am, the Administrator (Staff A) stated that his fingerprints had been rejected because they were hard to read. He showed a letter sent from AHCA on / that stated that his fingerprints had been rejected by the FBI and that he needed his fingerprints to be resubmitted in order to carry out the level 2 screening.

Record review for Staff C revealed that her last eligible Level II Background Screening was completed on / / and she had a new one done on and the eligibility result stated, "agency review required."

On / / at 10:32 am the Administrator stated that he will see his consultant to get the attestation form to get signed by all the employees and that he did not know what had happened to his wife ' s (Staff C) level II results.

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