STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911674	**01/23/2018**
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 Standard Biennial Survey was conducted on , 2017. Alice Home Corp, Inc (License # 7844) with Extended Congregate Care component had deficiencies identified at the time of the survey:

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and interview, the facility failed to follow the correct procedure when assisting 2 out of 6 sampled residents with self-administration of medications (Residents # 1 and # 2).

Findings included:

On at 9:02 AM asked the Administrator for the medication observation record and he stated that he had 2 residents that had not had their medications yet because they woke up late (Resident # 1 and # 2).

Review of the medication observation record revealed that the medications were scheduled to be given at 8:00 AM.

On at 9:30 AM observed the assistance with self-administration of medications for Residents # 1 and # 2. For both residents the Administrator signed the medications before verifying that the residents swallowed the medications.

On at 9:40 AM the Administrator stated, "Yes I signed them before."

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview the facility failed to write the physician phone number on the medication observation record for 2 out of 6 sampled residents (Residents # 1 and # 6) and the residents' for 6 out of 6 sampled residents.

Findings included:

Record review of Residents # 1 and # 6 revealed that their doctor's phone number was not written on

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their medication observation record (MOR).

Record review of Residents # 1, # 2, # 3, # 4, # 5 and # 6 revealed that the section in the MOR had been left blank. Further review revealed that Resident # 1 was to Zodine, pepper, and ; Resident # 4 was to ; Resident # 5 was to Tapazol and and Resident # 6 was to corn, garbanzo beans, yellow and orange food coloring, , , and .

The administrator stated on at 10:33 AM, "I will fix it."

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility failed to keep an up-to-date admission/discharge log.

Findings include:

Review of the admission/discharge log revealed that Resident # 1 was not listed in it.

On at 10:30 AM the administrator stated, "She is the newest one."

Class III

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

Based on record review and interview the facility failed to provide documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for 4 out of 6 sampled residents (Resident # 1, # 2, # 5 and # 6). The facility also failed to have signed consent forms for assistance with self-administered medications and medication management for 4 of 6 sampled residents (#3, #5, #6 and #2).

Findings included:

1)
A review of Resident # 1's record revealed that her daughter signed the contract on and that there was no paperwork appointing her as the resident legal representative.

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

A review of Resident # 2's record revealed that her daughter signed the contract on 121216 and that there was no paperwork appointing her as the resident legal representative.

A review of Resident # 5's record revealed that her daughter signed the contract on and that there was no paperwork appointing her as the resident legal representative.

A review of Resident #6's record revealed that his son signed the contract on and that there was no paperwork appointing him as the resident legal representative.

On at 10:35 AM the administrator stated, "I will talk to their families."

2)Record review showed the facility did not have signed consent forms for Residents #2, #3, #5 and #6. The facility's unlicensed staff assisting with self-administration of medications to the residents.

Staff A stated on at 10:30 am, "I will review all files and comply with all paperwork."

Class III