STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964520	10/12/2015
NAME OF PROVIDER OR SUPPLIER **RAINBOW GARDENS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1998 NE 178 STREET** **MIAMI, FL 33162**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2015. Rainbow Gardens ALF with Limited Mental Health component had the following deficiencies identified at time of the survey.

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to have a completed health assessment within 30 days following the admission to the facility for one out of six (#6) sampled residents.

Findings included:

Record review on found that the facility did not have a completed health assessment for Resident #6. Resident #6 was admitted on .

Interview on at 1:00 PM the Administrator's daughter acknowledged Resident #6 did not have a health assessment.

Class III

0009 Admissions - Admission Package

Based on record review and interview the facility failed to a completed admission package for six out of six (#1, 2, 3, 4, 5, and 6) sampled residents.

Findings included:

On at 9 AM record review of Residents #1, 2, 3,4, 5, and 6's files revealed the facility did not have policies concerning & advance directives policy , and the facility's resident elopement response policies and procedures with their admission package.

On at 1:50 PM the Administrator's daughter acknowledged the residents did not have these policies in residents admission files.

Class III

0026 Resident Care - Social & Leisure Activities

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Based on observations and interviews the facility failed to offer activities to the residents and have a current activities calendar posted.

Findings included:

Observation on during survey (from 9 am-3 pm) found the facility's residents were sitting and watching television, there were no activities offered to the residents. The activities calendar posted on the wall for the month of 2015. The current schedule was not found posted.

Interview on at 3:05 PM the Administrator's daughter acknowledged that the current calendar was not posted and no activities were done with the residents through out the survey.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview the facility staff failed to honor residents rights to be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.

Findings included:

On at 9:30 AM during tour Staff B entered Resident #3's knocking. The resident was in the on her bed watching television. Tour of remaining 1 through 6, Staff B entered each knocking on the door. Some of the a sign on the door stating, "Please knock before entering".

Interview on / / at 2:00 PM the Administrator's daughter acknowledged findings that Staff B did not knock on the residents' doors before entering.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation, record review, and interview facility's staff did not follow appropriate procedures when assisting with self administration of medication for two out of five sampled residents (#1 and 5).

Findings included:

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Medication pass observations on / at 12:14 PM, Staff B punch the medication out of packs into cups and place the cups next to Residents #1 and #5 to take. The residents were not prompted or told what medications they were given.

Interview on at 3:00 PM the Administrator's daughter stated, "They are so use to doing it over and over they forget sometimes."

Class III

0055 Medication - Storage and Disposal

Based on observations and interview the facility failed to keep centrally stored medications locked up at all times.

Findings included:

A tour conducted on at 9:00 AM found unlocked medications in refrigerator's door, inside of the refrigerator contained a bottle of Milk of Magnesia and DRO Sysitic for Resident #2 and a bag with Nevanac, 2 boxes of Gatiflaxacin 0.5 % eye drops, and AC.

Interview on / at 3:30 PM the Administrator's daughter confirmed finding after she observed locked medications in the refrigerator.

Class III

0077 Staffing Standards - Administrators

Based on observation and record review the facility failed to appoint a separate manager for each facility. The facility failed to have a Manager available during the absence of the Administrator.

Findings included:

Observations on / at 9 AM found Staff B alone caring for six residents. On at 9:40 AM the Administrator's daughter arrived to the facility, the Administrator was not available.

Record review found the facility's Administrator supervised two facilities. The facility failed to appoint a separate manger, who was available during the absence of the of the Administrator.

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Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have proof of a negative examination documented on an annual basis for two out of two (A and B) sampled staff.

Findings included:

Record review conducted on / showed the Administrator's last communicable and proof of annual results was dated / and expired on / . Staff B's last communicable and proof of annual results was dated and expired / .

Interview on / / at 3:30 PM the Administrator's daughter acknowledged Staff A & B did not have a current physicals.

Class III

0079 Staffing Standards - Levels

Based on observations, record review, and interview the facility failed to maintain a written work schedule which reflects its 24-hour staffing pattern.

Findings included:

Observations during tour on at 9:00 AM there were no staffing schedule posted for the month of 2015.

Interview on at 3:30 PM the Administrator's daughter stated she does not know where the current staff schedule was.

Class III

0080 Training - Core & Competency Test

Based on record review and interview the Administrator failed to have continuing education (12 hours every 2 years) in topics related to assisted living facility.

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Findings included:

Record review on / / at 10:00 AM showed that the facility's Administrator (Staff A) did not have continuing education in topics related to assisted living facility. Record review found the CORE was completed on / and she had 3 hours completed on / in the last two years.

Interview on / / at 3:00 PM the Administrator's daughter acknowledged the 12 hours continuing education update was not completed.

Class III

0083 Training - First Aid and

Based on record review and interview the facility failed to ensure one out of two (A) sampled staff had the First Aid training.

Findings included:

Record review found the Staff A's First Aid training was dated and expired .

Interview on at 3:00 PM the Administrator acknowledged the Staff A did not have updated First Aid training.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based record review and interview the facility failed to ensure one out of two (A) sampled staff have successfully completed the minimum of 2 hours of continuing education training on providing assistance with self-administered medications.

Findings included:

Record review conducted on / revealed the Administrator (Staff A)'s last 4 hours medication training was dated / / and expired / / . Staff A contained documentation of 2 hours of continuing education training on providing assistance with self-administration of medication training dated / and expired / / .
Interview on at 3:00 PM the Administrator's daughter acknowledged the Administrator did not

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have 2 hours update for medication training.

Class III

0085 Training - Nutrition & Food Service

Based on observations, record review, and interview the facility failed to ensure two out of two (A and B) sampled staff have a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Findings included:

Observations on / found Staff B cooking lunch.

Record review revealed the Administrator (Staff A) and Staff B's last 2 hours nutrition and food service training was dated and expired .

Interview on the Administrator's daughter verified Staff A and B did not have the nutrition and food service training.

Class III

0093 Food Service - Dietary Standards

Based on observations, record review, and interview the facility failed have the menu reviewed annually by a registered dietitian and dated and planned at least one week in advance.

Findings included:

Observation on / at 9:20 AM found the menu posted on the wall in dining area was not dated for the week.

Record review found the dietician's license on file had expired on / . The current license was not available.

On at 3:15 PM the Administrator's daughter stated she did not have the current dietician license and the menu was not dated after review.

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Class III

0162 Records - Resident

Based on record review and interview the facility failed to record weights at admission for one out of six (#6) sampled residents and failed to have documentation of health care surrogate, guardian, or power of attorney for one out six (#5) sampled residents.

Findings included:

Record review found that the facility did not have weights recorded at admission for Resident #6. Resident #6 was admitted on / .

Record review revealed that Resident #5 did not have the power of attorney, surrogate, or guardian on file but her son signed the admission package.

Interview on / at 3:00 PM the Administrator's daughter acknowledged that Resident #6 did not have any weights and Resident #5 did not have a power of attorney.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. . . . . ., 2015

Administrator
Rainbow Gardens Alf
1998 Ne 178 Street
Miami, FL 33162

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

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