STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965432	R 03/02/2016
NAME OF PROVIDER OR SUPPLIER **RAINBOW GARDENS ALF #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **1801 NE 182 STREET** **MIAMI, FL 33162**	

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

0000 Initial Comments

An Abbreviated Biennial revisit survey was conducted on ,2016 and concluded on , 2016. Rainbow Gardens ALF #2 had deficiencies found at the time of survey.

0010 Admissions - Continued Residency

Based on observation, record review, and interview facility failed to update one out of six sampled residents (#2) sampled residents' health assessment after significant changes in activities of daily living and medication mode.

Findings included:

Observations on from 9:20 a.m. - 11:00 a.m. found Resident #2's fingers appeared to be contracted.
Medication pass demonstration observations on / / at 11:05 a.m., Staff C took a spoon and placed it directly into Resident #2's mouth.
Record review on of Resident #2's medication observation record revealed Staff C and D initialed as giving medications to the resident.
Record review on of Resident #2 ' s health assessment revealed the following information: she needed assistance with self-administration of medications and supervision with activities of daily living. The facility failed to have an updated health assessment for Resident #2.
Interview on at 11:00 a.m. Staff B revealed that Staff (C and D) provided medications to Resident #2 with a spoon.
Class III

0030 Resident Care - Rights & Facility Procedures

Based on observations and interview the facility failed to ensure that one out of six (#2) sampled residents were not restrained on wheelchair.
Findings included:
Observations on from 9:20 a.m. -10:55 a.m. revealed Resident #2 was seated in a wheelchair against the dining . Resident #2 was trying to come out of the wheelchair or move it but she could not move the wheelchair and/or dining table. Further observations on at 10:08 a.m. found Staff B pulled Resident #2 up from her arm pit to sit her up on the wheelchair, and pushed the wheelchair back against the table. This action also took place on / at 10:19 a.m. and 10:45 a.m. On at 10:55 a.m. Staff B stated "This is not a , we seat her in front of the table to prevent her from doing that."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965432	R 03/02/2016
NAME OF PROVIDER OR SUPPLIER **RAINBOW GARDENS ALF #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **1801 NE 182 STREET** **MIAMI, FL 33162**	

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

Class III

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint a separate manager for each facility.

Findings included:

Review of the health finder website revealed Staff A was the Administrator of two facilities.
Record review revealed of the revisit survey on / from a sister facility listed Staff B as the Manager.

Interview on at 2:07 p.m. Staff B stated, "I used to be the Manager" at the sister facility but we assigned a new Administrator named Staff E.

Review of the health finder website found Staff E was the Administrator at a home health.

Staff B then stated on at 2:07 p.m. " We are going to put Staff D as the manager of this facility. "

Uncorrected Class III

0079 Staffing Standards - Levels

Based on observation and interview the facility failed to have a written work schedule.

Findings included:

Observation on at 9:25 a.m. revealed that facility did not have a staffing pattern at time of survey.

Interview on at 9:25 a.m. Staff C stated, "we are two staff, and there are six residents in the facility; however, we have no schedule posted. "

Interview on at 11:00 a.m. Staff B confirmed that the facility did not have a written work schedule at the time of the survey.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965432	R 03/02/2016
NAME OF PROVIDER OR SUPPLIER **RAINBOW GARDENS ALF #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **1801 NE 182 STREET MIAMI, FL 33162**	

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

0093 Food Service - Dietary Standards

Based on observation, record review, and interview facility failed to have a menu updated at the time of the survey.

Findings included:

Observation on / at 9:25 a.m. found the facility's menu was expired.

Record review revealed the facility's menu was expired on and it was not reviewed by a dietitian, whose licensed was not expired.

Interview on at 11:30 a.m. Staff B confirmed the findings that the dietitian's license had expired and an update menu was not posted in the facility at the time of the survey.

Class III

0160 Records - Facility

Based on record review and interview the facility failed to provide a current copy of the annual sanitation inspection, liability insurance and emergency management approval letter.

Findings included:

Record review revealed the last sanitation inspection available for review at the facility was dated / /. Record review revealed that facility did not have evidence of liability insure or an emergency management approval letter.

Interview on at 12:35 p.m. Staff B stated "we just recently have the AHCA survey done, and we have everything, I could not find them."

Uncorrected Class III

Z815 Background Screening: Prohibited Offenses

Based on observation, record review, and interview the facility failed to have a level II background screening for one out of four (C) sampled staff. The facility failed to have one out of four (B) sampled staff rescreened by , 2015.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965432	R 03/02/2016
NAME OF PROVIDER OR SUPPLIER **RAINBOW GARDENS ALF #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **1801 NE 182 STREET** **MIAMI, FL 33162**	

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

Findings included:

Observation on / at 1:42 p.m. found Staff C was working alone in the facility with six residents during the survey.

The background screening database revealed Staff C's screening stated, "A New Screening is required."

Interview on / at 2:15 p.m. Staff B acknowledged that Staff C needed to update her background screening.

Record review revealed Staff B's level II background screening was dated / /.

Interview on at 12:43 pm Staff B stated, " this background screening is not update, but I should have one in the other facility."

Unclassified

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11965432 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW GARDENS ALF #2	1801 NE 182 STREET MIAMI, FL 33162

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed	ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed	ID Prefix A0167 Reg. # 58A-5.025 FAC LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) JG	DATE 3/9/14	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 12/22/2015	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Rainbow Gardens Alf #2
1801 Ne 182 Street
Miami, FL 33162

Dear Administrator:

This letter reports the findings of a abbreviated biennial revisit survey conducted on 2016 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than** .

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com