STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965432	**12/14/2017**
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

A Standard Biennial survey was conducted on , 2017 and , 2017. Rainbow Gardens ALF #2 with a standard license (#9809) had deficiencies found at the time of the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview the facility failed to have a satisfactory annual health inspection.

Findings included:

Record review revealed health department inspection dated was unsatisfactory due to non-compliance on "maintenance and construction."

Phone interview on at 11:55 am staff stated, "I'm just waiting on the inspector to come, he is coming today or tomorrow, it fixes."

Class III

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on record review and interview the facility failed to have hospice care plans and care information for two of five sampled residents (#1 and #2).

Findings included:

Review of Resident #1's record revealed it did not have the hospice care plan, Resident #1 was admitted to hospice care on .

Review of Resident #2's record revealed it did not have the hospice care plan, Resident was admitted to hospice on . The facility also did not have the hospice care information for Resident #1.

Interview on at 2:11 pm hospice nurse stated, "Resident #1 is under care, it is , and I go three time a week."

Interview on at 2:30 pm Staff A and B stated that they did not know that Residents #1 and #2 were missing their care plan. In addition, Staff A and B stated, "Resident #2's care is under hospice, they come three times a week, and we are surprise that Resident #2 was missing care notes from hospice."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965432	**12/14/2017**
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

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observations and record review the facility failed to ensure that medications were properly stored.

Findings included:

Observation during the facility tour on at 9:30 am revealed the residents' medications were not separated and stored properly.

Record review revealed facility's central storage policy as, "Clearly mark and separate each resident's medication. (A small plastic box will be used to separate each resident's medications.) Store medications in containers labeled by the Pharmacy. (Medications will be kept in their original Containers)"

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to provide written statements from a health care provider documenting that the individual does not have any signs or symptoms of communicable for two of five sampled staff (Staff B and C).

Findings included:

Record review of Staff B's (hired) file and Staff C's (hired) file revealed the facility did not have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for staff.

Interview on at 1:25 pm Staff A and B confirmed that Staff B and C did not have the statements in their files.

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview the facility failed to ensure the Manager successfully passed the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965432	12/14/2017
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)

CORE exam within 3 months of employment.

Findings included:

Record review revealed Staff C was hired as the Manager on . Record review revealed Staff C did not have proof of successfully passing the CORE exam within 3 months of employment.

Interview on at 2:00 pm Staff A stated, "Staff C took the CORE exam, but she did not pass."

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on record review and interview the facility failed to have the / training for one of five sampled staff (Staff C).

Findings included:

Record review revealed Staff C did not have evidence of completing / training at time of survey.

Interview on at 1:55 pm Staff C acknowledged that the facility did not have the training at the time of the survey.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview the facility failed to provide the initial four hours of education training on providing assistance with self-administered medications and safe medication practices in an ALF for one of five sampled staff (Staff A).

Findings included:

Record review revealed Staff A did not have proof of the initial 4 hours of assistance with self-administered medications training (four hours).

Interview on at 2:30 pm Staff A stated, "I did it, but it is not here right now."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965432	**12/14/2017**
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)

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on record review and interview the facility failed to have training in the areas for Nutrition and Safe Food Handling for one of five sampled staffs (B and C).

Findings included:

Record review revealed Staff B and Staff C did not have the two hours of training in Nutrition and Safe Food Handling by a certified food manager or licensed dietician. Staff C's last training was dated

Interview on at 2:10 pm Staff A confirmed after search of the records for Staff B and C did not have training in the areas for Nutrition and Safe Food Handling at the time of the survey.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the assisted living facility failed to provide a safe living environment.

Findings included:

Observation during the facility tour on at 9:30 am revealed # had peeling paint and the draw in the missing handle to open it. # had a sofa facing back with office material on it. The to Resident #1. The food storage area had a broken refrigerator. The back porch ceiling was stained. The furniture in the backyard were broken. The facility had debris and the fence was down. There was a mattress, a bed frame and pieces of woods. The den looked as coming apart. Plastic containers all over the east side of the backyard.

Interview on at 1:00 pm Staff B stated, "We are in the process of getting a handyman to repair the house and clean the backyard. Regarding the wood fence, Staff B stated, "We are waiting on the insurance company."

Class III

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

Based on observation, record review, and interview the facility failed to have updated health assessments that indicated significant changed in health conditions for two of five sampled residents (#1

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965432	**12/14/2017**
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)

and #2).

Findings included:

Observation on at 12:00 pm revealed Resident #1 could not transfer from the recliner to the wheelchair to go to the . Staff D lifted Resident #1 up. Staff D fed Resident #1 during lunch.

In addition, Staff D fed Resident #2. Staff D lifted Resident #2 to transfer the resident from the wheelchair to the recliner sofa. Resident #1 and #2 stared hospice care on .

Record review revealed Resident #1's health assessment (dated) did not reflect hospice care. In addition, the health assessment documented Resident #1 needed assistance with self-administration of medications and needed assistance with daily living activities.

Record review revealed Resident #2's health assessment (dated) did not reflect hospice care. In addition, the health assessment documented Resident #2 needed assistance with self-administration of medication and needed assistance with daily living activities.

Interview on at 2:00 pm Staff A and B confirmed that Residents #1 and #2 needed an update health assessment.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965432	**12/14/2017**
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)

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

Based on record review and interview the facility failed to have completed attestation of compliance forms for two of five sampled staff members (Staff A and E).

Findings included:

Record review revealed Staff A and E did not have completed attestation of compliance forms.

Interview on at 2:02 pm Staff A stated, "We have them in the files." Staff A did not find the attestation of compliance forms in their files at the time of the survey.

Unclassified