Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965407	A. BUILDING: _____ B. WING _____	R-C 01/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW MANOR,INC.	2075 RAINBOW DRIVE CLEARWATER, FL 33765

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A third revisit to Biennial Survey was conducted at Rainbow Manor, Inc. Assisted Living Facility on . Deficiencies were identified at the time of survey.	{A 000}		
A 030 SS=G	59A-36.007(5) FAC; 429.28(.) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.	A 030		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 030	Continued From page 1 (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.	A 030		

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A 030	Continued From page 2 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.	A 030		

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A 030	Continued From page 3 (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care ..., and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally ..., the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free	A 030		

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A 030	Continued From page 4	A 030		

telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.
(2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to

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A 030	Continued From page 5 call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder [redacted] Hotline operated by the Department of Children and Families, and [redacted], Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated [redacted] or [redacted] under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to honor resident rights specifically by depriving residents' free access to the facility and outdoors for 8 (Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, Resident #7, and Resident #8) of 8 sampled residents. By keeping the facility doors locked, residents cannot access emergency exits and placed all residents at risk of physical or emotional harm and/or injury.	A 030		

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A 030	Continued From page 6 Findings Included: During a tour conducted on . . . . . at 9:03am revealed the facility was split into two main living areas: *The front of the facility consisted of two female rooms (Resident #7 and Resident #8), a bathroom, the Administrator's living quarters, the kitchen, dining area, work area for staff and common area. *The front door to the facility had a silver deadbolt lock that required a key to enter and exit the facility. *The of the facility consisted of seven male rooms (Resident #1-Resident #6), main dining area in which all residents eat, resident bathrooms, smoking area, and outdoor courtyard. *The front and of the facility was separated by a white door with separate silver deadbolt locks on each side of the door that required key entry. During an interview conducted on . . . . . at 9:06am, Resident #7 stated the door between the women's rooms and men's rooms was locked at night. At 4:10pm on , Resident #7 stated she did not have access to a key to the deadbolt locks on the doors. She stated that only the Administrator had it and would need to contact him to get out of her living area and the facility. Record review conducted on . . . . . revealed Resident #7 required supervision with ambulation, bathing and transferring. During an interview conducted on . . . . . at 9:08am, Resident #8 stated she did not feel safe because the area of her living arrangement was locked at night and if something happened and	A 030		

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A 030	Continued From page 7 nobody was at the facility to unlock the door she could not get out. At 4:11pm on , she stated that she did not have access to a key to the deadbolt lock on the doors. She stated she was locked in the area in which her room was located and did not have a key. Record review conducted on revealed Resident #8 was independent with all activities of daily living. During an interview conducted on at 1:20pm with Resident #2, he stated that all of the doors were locked at night, and he did not have a key. Record review conducted on revealed Resident #2 was independent with all activities of daily living. During an interview conducted on at 9:45am with Resident #4, he stated at night he does not feel safe at the facility because he was not sure if any staff was at the facility. He stated the door to the Administrator and women's rooms were always locked. Record review conducted on revealed Resident #4 was independent with all activities of daily living. Record review conducted on revealed Resident #1 required assistance with ambulation and supervision with bathing and . Record review conducted on revealed Resident #3 was independent with all activities of daily living. Record review conducted on revealed	A 030		

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A 030	Continued From page 8 Resident #5 required assistance with bathing and grooming. Record review conducted on revealed Resident #6 required assistance with bathing and and supervision with self-care. During a record review conducted on of the facility's undated policy titled "Resident /Neglect Policy" revealed: "Purpose: to ensure prevention, protection, prompt reporting and interventions in response to alleged, suspected, or witnessed , neglect, mistreatment, misappropriation of property, or of any facility resident. "Policy: All residents have the right to be free from mental, physical, and , neglect, mistreatment, misappropriation or property and , and to be treated with dignity and respect. "Definition: oAbuse: is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting in physical harm, , or mental and anguish. also includes the deprivations by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and , well-being. oNeglect: The failure of the facility, is employee or services providers to provide goods and services to a resident that are necessary to avoid physical harm, , mental anguish, or emotional distress. oInvoluntary : Separation of a resident from other residents or from her/his room or confinement to her/his room (with or without roommates) against the resident's will or	A 030		

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A 030	Continued From page 9 the will of the resident representative. During an interview conducted on [redacted] at 2:11pm with the Administrator, he stated the door was locked for the protection of the residents. He stated "why should a resident be able to need to walk around outside at any time. There is no one here to watch them at night, I cannot watch them all the time. In the middle of the night, I cannot protect people, they should not be doing activities in the middle of a night, they should be sleeping in the middle of the night. I need to sleep too. This facility does not have the capacity to provide supervision all day and all night and we do not have to. We are a small facility." (Photographic Evidence Obtain) Class II	A 030		
{A 079} SS=G	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 [redacted] 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539	{A 079}		

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{A 079}	Continued From page 10 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff	{A 079}		

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{A 079}	Continued From page 11 member who is at least [illegible] must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately	{A 079}		

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{A 079}	Continued From page 12	{A 079}		

when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met.

1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs.

2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency.

(e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing

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{A 079}	Continued From page 13 home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide 24-hour staffing for all residents that resided at the facility. Specifically, the facility left 7 (Residents #1, Resident #2, Resident #3, Resident #4, Resident #6, Resident #7, and Resident #8) of 8 medically and residents alone in the facility without an employee of the facility for over an hour placing all residents at imminent risk of harm. Findings Included: Upon arrival to the facility on at 8:50am, no vehicle observed within driveway. State Representatives walked around of the facility and noted Resident #8 outside and Resident #6 watching TV in main common area. Witness #1 was observed cleaning the facility. He refused to communicate with the state representatives and pulled out his phone to call Administrator at 8:52am on . During an interview conducted on at 8:54am with Witness #1 revealed Administrator left at 8:00am to go to the store. There was a language barrier with Witness #1 as he did not speak English and was not able to give any more information. During an interview conducted on at	{A 079}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965407	A. BUILDING: _____ B. WING _____	R-C 01/23/2023

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{A 079}	Continued From page 14 9:03am with Resident #1, he stated, "It is common for the Administrator not to be here but [Witness #1] usually is". Record review conducted on revealed Resident #1 was admitted on , with the diagnosis of History of Resident #1 required assistance with ambulation and supervision with bathing and . During an interview conducted on at 9:05am, Resident #6 stated the Administrator was usually not at the facility. Resident #6 was observed with food in his beard and down the front of his clothing. Record review conducted on revealed Resident #6 who was admitted on with the diagnosis of , Type II. Resident #6 required assistance with bathing and and supervision with self-care. During an interview conducted on at 9:06am, Resident #7 stated the last time she saw the Administrator was on after dinner. She stated Witness #1 administered medication and served breakfast on Record review conducted on revealed Resident #7 who was admitted on with the diagnosis of High and Resident #7 required supervision with ambulation, bathing and transferring. During an interview conducted on at 9:08am Resident #8 stated the Administrator only shows up for dinner and stays for an hour. Resident #8 don't feel safe, because her living area is lock at night and if something happens the	{A 079}		

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{A 079}	Continued From page 15 Administrator not here to unlock the door. During an interview conducted on [redacted] at 9:12am with Resident #3 he stated he was not sure if the Administrator is usually here or not. During an interview conducted on [redacted] at 9:43am with Resident #2 he stated the Administrator is pretty much never here and the Administrator is very rude. He stated the Administrator will usually throw the medications at us and tell us to just take it. During an interview conducted on [redacted] at 9:45am with Resident #4 stated at night he does not feel safe and not sure if anyone is here because the door is locked to the Administrator, and women's rooms are always locked. Record review conducted on [redacted] revealed Resident #5 who was admitted on [redacted] with the diagnosis of [redacted]. Resident #5 required assistance with bathing and grooming. During a record review conducted on [redacted] of the facility's undated policy titled "Resident [redacted] /Neglect Policy" revealed: "Purpose: to ensure prevention, protection, prompt reporting and interventions in response to alleged, suspected, or witnessed [redacted], neglect, mistreatment, misappropriation of property, or [redacted] of any facility resident. "Policy: All residents have the right to be free from mental, physical, [redacted], and [redacted], neglect, mistreatment, misappropriation or property and [redacted] and to be treated with dignity and respect. "Definition:	{A 079}		

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{A 079}	Continued From page 16 oNeglect: The failure of the facility, is employee or services providers to provide goods and services to a resident that are necessary to avoid physical harm, , , mental anguish, or emotional distress. During a record review conducted on . . . . . of the , staff schedule revealed the Administrator and Staff A were scheduled every day as a "Full Day" (24 hours). During an interview conducted on at 10:15am, the Administrator stated Staff A would not be working on as she called off because she went out of town. During an interview conducted on at 12:40pm with the Administrator, he confirmed he and Staff A are the only two on the schedule and full day meant 24-hours. During an interview conducted on at 10:04am, with the Administrator he stated Witness #1 was not an employee, and he did not have an employee record. He stated he was trying to encourage him (Witness #1) to become a permanent employee so he can put him on the schedule. The Administrator stated he was aware he was not allowed to leave the residents without an employee, but was a special situation and that he just had to run out and buy something, so he asked Witness #1 to stay at the facility. The Administrator stated, "you must be practical here." (Photographic Evidence Obtain) Class II	{A 079}		