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 02/16/2023

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 4th Revisit to 08/16/2022 Biennial Survey was conducted at Rainbow Manor on 02/16/2023. Deficiencies were identified at the time of survey.	{A 000}		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.	A 054		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 054	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the Facility failed to administer medications as documented on the Medication Observation Records (MORs) for all residents eight (Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, Resident #7, and Resident #8) of eight sampled residents. Findings Included: In an observation conducted on from 7:00am through 8:43am the Administrator was not in the facility. A records review of the MORs for Residents #1-#8 dated for 8:00am scheduled medications revealed all 8:00am medications were signed as given by the Administrator initials. In an interview conducted with Resident #3 on at 7:35am he stated they are given medications with their breakfast and they had not yet been received. In an interview conducted on at 8:40am with Resident #1, Resident #2, Resident #3, Resident #4, Resident #5 and Resident #6 revealed they had not yet received their morning medications. In an observation conducted on at 8:43am the Administrator arrived in the facility and commenced morning medication pass for all residents. He did not sign off on the MORs for any medications given. In an interview conducted on at 8:50am with the Administrator he stated he worked late the night before and pre-signed for	A 054		

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A 054	Continued From page 2 the morning medications to make the morning medication pass go quicker. He stated "I am aware I am to sign at the time I give the meds." Photographic Evidence Obtained. Class III	A 054		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of	A 055		

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A 055	Continued From page 3	A 055		

physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or
6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C.
(c) Centrally stored medications must be:
1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and,
4. Kept separately from the medications of other residents and properly closed or sealed.
(d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider.
(e) When a resident's stay in the facility has

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A 055	Continued From page 4 ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation interview and record review the facility failed to ensure prescribed medications for residents that required assistance with self-administration of medication were properly stored for one (Resident #3) of one sampled resident; Failed to ensure centrally stored medications were locked and secured at all times; and failed to ensure medications were properly disposed of when a resident's stay had ended in the facility for one (Resident #9) of one sampled resident. Findings Included: In an interview conducted on at 7:35am with Resident #3 he stated he had	A 055		

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A 055	Continued From page 5 medications for , in his room. In an observation conducted on at 7:50am Resident #3's room contained two bottles of over-the-counter , medication, prescription skin cream, prescription , , , and a bottle of prescription , , on a closet shelf labeled with the name of Resident #9, a prior resident that was no longer in the facility. In a record review for Resident #3 conducted on the Agency for Healthcare Administration Resident Health Assessment (AHCA form 1823) dated revealed he required assistance with self-administration of medication. In an observation of medication pass conducted on at 8:55am the Administrator left small cups containing individual prescription pill packets on top of the medication cart and keys in the lock of the cart when he left the room to give medication to a resident. There were no other staff in the facility. In a record review of the undated facility medication policy entitled Over the Counter (OTC) Products Policy and Procedure conducted on it revealed any over the counter products would need to be stored in a central storage cart or locked cabinet within the resident room. There was no policy received for proper disposal of medications. In an interview with the Administrator conducted on at 8:58am he stated he knew he was supposed to keep medications and the medication cart locked when not attended. At 9:59am he agreed that Resident #3 should not have his own or any other resident's medications	A 055		

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A 055	Continued From page 6 in his room. He stated he would need to contact the doctor to get an order for him to have anything at the bedside. He could not explain why Resident #3 had prescription , , in his room labeled with Resident #9's name, who he stated was . Photo Evidence Obtained. Class III	A 055		
{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 0-5 168 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 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,	{A 079}		

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{A 079}	Continued From page 7 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 member who is at least , 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	{A 079}		

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{A 079}	Continued From page 8 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 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	{A 079}		

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{A 079}	Continued From page 9 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 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:	{A 079}		

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{A 079}	Continued From page 10 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 8 (Resident #1-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 6:54am, no vehicle was observed within driveway. State Representatives walked around of the facility and noted entrance to main gate was locked and second entrance to the side of the house was also locked. Gates were open by Witness#1 at 7:00am and the Administrator entered facility at 8:44am. During an interview conducted on at 7:09am with Resident #6, she stated she had not seen the Administrator since yesterday ( ) around dinner time and Witness #1 assisted her with her medications when the Administrator was not in the facility. During an interview conducted on at 7:54am with Witness #1, he stated Administrator was not at facility and he called the Administrator that was on the way to the facility. There was a language barrier with Witness #1 as he did not speak English and was not able to give any more information. Record review conducted on revealed Resident #1 who was admitted on with the diagnosis of , Type II. Resident #1 required assistance	{A 079}		

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{A 079}	Continued From page 11 with bathing and [illegible] and supervision with self-care. Record review conducted on [illegible] revealed Resident #2 was admitted on [illegible], with the diagnosis of History of [illegible]. Resident #1 required assistance with ambulation and supervision with bathing and [illegible]. Record review conducted on [illegible] revealed Resident #3 was admitted on [illegible], with the diagnosis of [illegible], [illegible], and High [illegible]. Resident #3 required was independent for all his activities of daily living. Record review conducted on [illegible] revealed Resident #4 was admitted on [illegible], with the diagnosis of [illegible] and [illegible] type. Resident #4 required was independent for all his activities of daily living. Record review conducted on [illegible] revealed Resident #5 who was admitted on [illegible] with the diagnosis of [illegible]. Resident #5 required assistance with bathing and grooming. Record review conducted on [illegible] revealed Resident #6 who was admitted on [illegible] with the diagnosis of High [illegible], [illegible] and [illegible]. Resident #6 required supervision with ambulation, bathing and transferring. Record review conducted on [illegible] revealed Resident #7 was admitted on [illegible], with the diagnosis of [illegible] of lower left [illegible], wasting Atrophy, High [illegible] and [illegible]. Resident #7 required was independent for all his activities of daily living.	{A 079}		

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{A 079}	Continued From page 12 Record review conducted on revealed Resident #8 was admitted on , with the diagnosis of History of . Resident #8 required assistance with ambulation and supervision with bathing and . 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: Neglect: 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 9:35am, the Administrator stated Staff A would not be working on because of home problems with their daughter. During an interview conducted on at 9:54am, with the Administrator he stated Witness	{A 079}		

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{A 079}	Continued From page 13 #1 was not an employee, and he did not have an employee record. The Administrator stated he was aware he was not allowed to leave the residents without an employee. (Photographic Evidence Obtain) Class II	{A 079}		