AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Rainbow Gardens ALF
2310 Whitewood Avenue
Spring Hill, FL 34609

Dear Administrator:

Re: CCR #2012012798

This letter reports the findings of a state licensure survey that was conducted on 2013 by representative of this office.

Enclosed is the provider's copy of the State (3020) 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. Staff from this office will conduct a review after , 2012 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 Kriste J. Mennella.

Sincerely,

Kriste Brugi for,
Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone (386) 462-6201; Fax (386) 418-5300

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 |
|---|---|---|---|
| | AL11967779 | A. BUILDING _____ B. WING _____ | |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RAINBOW GARDENS ALF | 2310 WHITEWOOD AVENUE SPRING HILL, FL 34609 |

| (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<br><br>On , an unannounced compliance survey CCR #2012012798 was conducted at Rainbow Gardens Assisted Living Facility in Spring Hill Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time. | A 000 | | |
| A 010 SS=D | 58A-5.0181(4) FAC Admissions - Continued Residency<br><br>(4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph. After the effective date of this rule, providers shall have up to 12 months to comply with this requirement.<br>(a) The resident may be bedridden for up to 7 consecutive days.<br>(b) A resident requiring care of a pressure may be retained provided that:<br>1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a licensed health care provider, or the resident contracts directly with a licensed home health agency or a nurse to provide care;<br>2. The condition is documented in the resident ' s record; and | A 010 | | |

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| A 010 | Continued From page 1 | A 010 | | |

3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed health care provider, the resident shall be discharged from the facility.
(c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:
1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed;
2. Continued residency is agreeable to the resident and the facility;
3. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service permitted under the facility ' s license and total help with the activities of daily living; and
4. Documentation of the requirements of this paragraph is maintained in the resident ' s file.
(d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility.
(e) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.
(5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident ' s needs, as determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S.

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| A 010 | Continued From page 2<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews the facility did not ensure 1 out 6 residents, resident #1 had an updated heath assessment based upon a significant change of condition.<br><br>Findings:<br><br>During this survey it was observed that resident #1 was very frail and in a wheel chair. When an interview was attempted with her, she could hardly speak and was not understandable. Sitting next to her on a table was a plastic cup with a lid and straw which contained a liquid. The resident was asked to pickup the cup and take a drink. With much hesitation and some physical guidance she was able to pickup the cup and take a drink. She needed the same guidance to place the cup back onto the table.<br><br>A record review was conducted of resident #1 health assessment 1823 and it was observed that the date of her exam was .<br><br>The administrator stated that resident #1 moved into the facility almost three years ago and she could ambulate on her own with a walker. The Administrator said since residents #1 admission she has been on hospice three times.<br><br>Staff member B said when he started working at the facility a year ago resident #1 could walk with assistance and now she does not walk at all.<br><br>During an interview with the physician, he stated he would have been willing to reassess resident #1 if the facility would have requested a new health assessment. | A 010 | | |

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| A 010 | Continued From page 3<br><br>Class III<br>Date of Correction: | A 010 | | |