STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964521	10/11/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rainbow Place, Inc.	522 South Rainbow Drive Hollywood, FL 33021	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Assisted Living Facility Relicensure survey was conducted on . Rainbow Place, had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on interview and record review, the facility failed to properly complete the Resident Health Assessment Form (AHCA Form 1823), for 2 of 2 sampled residents (Residents # 2 and # 5).

The findings include:

a) Review of Resident # 2's record, revealed the Resident Assessment Form was not properly completed. The following concerns were noted:
1) Page 1 was missing.
2) The recommended diet order was not noted.
3) Notation (mark) of whether the resident required assistance with the administration of medications.
4) Page 2, which states whether a resident's needs can be met in the facility was left blank.

On at approximately 4:40 PM during an interview with the Manager, she reviewed the records and confirmed she did not have a complete 1823 Assessment Form with missing information for Resident #2.

b) Review of Resident # 5's record revealed the Resident Assessment Form was not accurately

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964521	10/11/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rainbow Place, Inc.	522 South Rainbow Drive Hollywood, FL 33021	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

completed. The following concerns were noted:
1) The recommended diet order was not noted.
2) Page 2, which states whether a resident's needs can be met in the facility was left blank.
3) The form was not signed by a Health Care Provider.
On [redacted] at approximately 4:40 PM during an interview with the Manager, she reviewed the records and confirmed the form was incomplete. She stated no further documentation was available for review.

In an interview conducted with the family of Resident #5, she stated that the resident is currently on hospice. Review of Resident #5 medical record revealed that it did not contain a hospice care plan . Review of Resident # 5 medical records revealed the 1823 Resident Assessment Form indicated that the resident needs medication administration.
On [redacted] at approximately 4:40 PM during an interview with the Manager, she stated that the unlicensed facility staff has been assisting the resident with her medications, she reviewed the records and confirmed Resident # 5 is on hospice ,but was unable to provide a hospice care plan.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, record review, and interview the assisted living facility failed to provide assistance with self-administration of medication per the guidelines as noted in 429.256, F.S. , and failed to ensure the label was read in the presence of the resident, for 2 out of 2 (Resident #3 and #4) sampled residents observed during med pass.

The findings include:

a)Employee "A" was observed on [redacted] removing the medication from the pill bottle and placing them in a small cup, walking to Resident #3, who was seated in an adjacent [redacted] her the cup, telling her here is your pain pill and returned to document the medication observation record MOR).

b)Employee "A" was observed on [redacted] removing the medication from the pill bottle and placing them in a small cup, walking to Resident #4, who was seated in an adjacent [redacted] her the cup, telling her here is your medication and returned to document the MOR .

In an interview conducted on [redacted] at 4:40 PM with Employee "A" she confirmed the findings.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964521	10/11/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rainbow Place, Inc.	522 South Rainbow Drive Hollywood, FL 33021	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

In an interview conducted on at 4:45 PM with the Manager she confirmed the findings.

Class III

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

Based on observation and interview, the facility failed to ensure that abandoned and expired medications are disposed of within 30 days, for 2 of 7 sampled residents reviewed (Resident #6 and #7).

The findings include:

An observation conducted of the medication storage unit top drawer revealed 2 medications for 2 residents (Resident #6 & #7) that no longer reside at the facility. One medication CL 20 MEQ ER had an expiration date of was prescribed for Resident #7 who was discharged in The 2nd medication was a disposable prescribed to Resident #6 who was discharged on

In an interview conducted with the Manager on at 2:50 PM, she stated that Resident #6 was discharged on and Rsident #7 was discharged in 2013, but could not determine the exact date.

In an interview conducted with the Manager on at 4:40 PM, she confirmed the findings.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

The facility failed to ensure staff trained in accordance with 58A-5.0191, F.A.C provide assistance with self-administration of medications, does not assist with medications ordered by a physician with prescription authority to be given "as needed" without specific parameters that preclude independent judgement on the part of the unlicensed person, for 1 of 4 sampled residents (Resident #5).

The findings include:

Record review of Resident #5 Health Assessment (AHCA Form 1823), revealed a diagnosis of

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964521	10/11/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rainbow Place, Inc.	522 South Rainbow Drive Hollywood, FL 33021	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

..... The form documented her physical and sensory limitations as incoherent speech,c and her or behavior status includes agitation and Review of her Medication Observation Records (MORs)for the month of 2013 revealed she was ordered the following medications: Lorazapam0.25mg substitute 0.5mg take one tab by mouth, every 4 hours as needed; 0-5 mg Tab take 1 Tab every 8 hours as needed. The Lorazapam was noted on the MOR as having been taken by the resident 30 times during the month of 2013 and the was noted on the MOR as having been taken by the resident 11 times during the month of 2013 .

In an interview conducted on at 4:40PM with Employee "A" she confirmed the findings.

In an interview conducted on at 4:45PM with the Manager she confirmed the findings.

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on interview and record review, the facility failed to ensure that an Administrator who supervises more than 1 facility appointed a "manager" who has completed the core training requirement pursuant to Rule 58A-5.0191,F.A.C.

The findings include:

In an interview conducted with Staff A on at 9:15AM, she stated that the Administrator was not available, but she would contact the Manager, who runs the facility.

In an interview conducted with the "Manager" (Staff C) on at 9:30AM, she stated that the Administrator was not available, and that she is the manager or Assistant Administrator. She stated that she had completed the core training but had not taken or passed the exam.

A record review of Staff C personnel record failed to reveal evidence of the core training or exam results verification.

In an interview conducted with Staff C on at 4:40 PM, she confirmed the findings.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964521	10/11/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rainbow Place, Inc.	522 South Rainbow Drive Hollywood, FL 33021	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on record review and an interview, the facility failed to ensure that 1 out of 4 sampled staff (Staff A) had verification of freedom from a communicable and .

The findings include:

The personnel file for Staff A was reviewed on , her date of hire was . The employee did not have a statement from a health care provider that the she does not have any signs or symptoms of a communicable including within her file.

In an interview conducted with Employee A on at 2:50 PM, she reviewed the record and confirmed the findings.

In an interview conducted with the Administrator on at 2:45 PM, she reviewed the record and confirmed the findings.

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 ensure that an unlicensed person who will be providing assistance with self -administered medications received the required training, for 1 of 3 staff records reviewed (Staff D).

The findings include:

A record review of Staff D's (Administrator) personnel file failed to reveal the required medication training and updates by a registered nurse or licensed pharmacist.

In an interview conducted on at 3:30 PM with the Manager, she confirmed that the Administrator (Staff D) does assist residents medication self administration.

In an interview conducted on at 2:50 PM with the Manager, she stated that Employee B who works from 7PM-7AM does not provide assist with medication to the residents. She revealed the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964521	10/11/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rainbow Place, Inc.	522 South Rainbow Drive Hollywood, FL 33021	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Administrator comes by to give the evening and late night medications.

In an interview conducted with the Manager on , at 4:40 PM, she reviewed the record and confirmed the findings.

Class III

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

Based on record reviews and interview, the facility failed to ensure that resident records contained documentation of the informed consent for unlicensed staff to assist with medications, for 2 of 2 sampled records (Residents #2 and #5).

The findings include:

During a review of the resident records it was noted that none of the records reviewed (Resident #2 and #5) contained documentation of the written informed consent. The Manager was interviewed on , she reviewed the record and determined that she was unable to locate the written informed consent.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Rainbow Place, Inc.
522 South Rainbow Drive
Hollywood, FL 33021

Dear Administrator:

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

Attached is the provider's copy of the State (5000-3547) 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 (30) day** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , **2014** 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

by Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924