STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964520	01/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rainbow Gardens Alf	1998 Ne 178 Street Miami, FL 33162	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Biennial Standard Survey was completed on , 2014 at Rainbow Gardens ALF. There were deficiencies identified at the time of survey.

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

Based on record review and interview the facility failed to have 2 out 3 sampled employees to have their up to date physical examination up to date.

Findings includes:
1. Record review revealed that employees B/C caretakers did not have their up to date physicals in their files. Both were out dated, employee B. caretaker/cna started on her past examination was on Employee C. caretaker started on his examination was last dated on .

2. Interviewed family member on at 11:00 am the administrator's (daughter) confirmed the findings in regards to both of these employees did not have a current physical examination in their files.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on record review and interview the facility failed to have administrator to have her 12 hours of continued education in topics related to assisted living.

Findings includes:
1. Record review revealed that employee A. administrator did not have her 12 hours of continued education in topics related to assisted living in her file for review during the survey on .

2. Interviewed family member in regards to the administrator not having her 12 hours in this area, she confirmed the findings.

Class III

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

Based on record review and interview facility failed to have proper training in the areas of Nutrition and Safe food handling by a licensed dietitian for 3 out 6 employees.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964520	01/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rainbow Gardens Alf	1998 Ne 178 Street Miami, FL 33162	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Findings includes:

1. Record review revealed that employee A. administrator started on and her nutrition certificate was date on - by a consultant and not a licensed dietitian. Employee B. started on and she has the same type of certificate by the same consultant which dated - -. Employee C. caretaker started on - and he did not have any certificate stating he had even been trained in nutrition and safe food handling in his file.

2. Interviewed family member on - at 11:00 am, she confirmed the findings that none of the employees have been trained in the areas for Nutrition and Safe food handling by a licensed dietitian.

Class III

0092-Food Service - General Responsibilities 58A-5.020(1) FAC

Based on record review and interview facility failed to have 3 out of 6 employees to have proper training in the areas of Nutrition and Safe food handling by a licensed dietitian.

Findings includes:

1. Record review revealed that employee A. administrator started on and her nutrition certificate was date on - by a consultant and not a licensed dietitian. Employee B. started on and she has the same type of certificate by the same consultant which dated - . Employee C. caretaker started on - and he did not have any certificate stating he had even been trained in nutrition and safe food handling in his file.

2. Interviewed family member on - at 11:00 am, she confirmed the findings that none of the employees have been trained in the areas for Nutrition and Safe food handling by a licensed dietitian.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

', 2014

Administrator
Rainbow Gardens Alf
1998 Ne 178 Street
Miami, FL 33162

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 by representative(s) of 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 days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after 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(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121