STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953627	**02/19/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rainbow Home Care	**3302 Nw 2 Avenue Miami, FL 33127**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennail survey was conducted on . Rainbow Home Care had deficiencies at time of survey.

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview facility failed to provide a clean and safe environment for the safety of residents living at the facility at this time.

Findings includes:

Observation during facility tour revealed the following physical plant issues....

1. # 117 -broken light bulb in front house over #.

2. #128- closet in # dirty pile of clothes in open closet shelf

3. # 129 back house no curtains on window

4. #132- back railing to front house has peeling paint and very weak on the touch

5. # 133-garbage in the back area of the facility next to back gate has garbage bags on the ground near the large dumpster with chickens running around the back of the facility.

6. # 135 large garbage dumpster over flowing with garbage bags and other garbage/ dumpster not covered and flies every where.

7.# 137- broken railings in back alley way of the facility storage house.

8.#138- old dog cage broken on ground in alley way

9. # 140- standing loose boards leaning on wall of the second house in the alley way of the facility

10. #141 -broken railing in the back of the facility

11. # 142- hole on the cement landing has hole from railing

12. # 145- on step landing lower area on ground level broken plastic water piping

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13. # 147- broken step landing large area next to step off .

14. #148- large cracked landing on back steps of the front building side area of the building

15. # 154- front yard area of the facility grounds has a broken water fountain with standing dirty water with debris all around it and inside.

16. # 156 3 large old palm tree stumps in the front of the facility area near front fence

17. #157- walk way cement blocks has one with a broken edge with a hole next to it on walk way

18. # / /165 kitchen area- observed in black bags with bread in them for the residents

19. #179-large bag of beans was observed open in a closet area not in a sealed container.

2. Interviewed with owner/administrator on at 5:00 pm, confirmed the findings in regards to the findings revealed during tour of the facility grounds.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

', 2014

Administrator
Rainbow Home Care
3302 Nw 2 Avenue
Miami, FL 33127

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

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