STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965432	03/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rainbow Gardens Alf #2	1801 Ne 182 Street Miami, FL 33162	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard survey was conducted on , 2014. Rainbow Gardens ALF #2 had deficiencies at the time of survey.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation and interview facility's failed to ensure staff follow appropriate procedures when assisting 1 out of 5 sampled residents assistance of self-administration of medications.

Findings include:

Observation on , 2014 at 12:00 p.m. staff B placed medications from to a plastic cup. Then placed plastic cup to Resident #1's hand and told him "here, take your medications".

Staff B did in inform Resident #1 of the medications he was taking, Staff B did not observe resident #1 to swallow his pill, and she did not record the information at the Medication Observation Record.

During interview conducted on , 2014 at 1:00 PM Staff in charge acknowledged staff B did not follow appropriate procedure when she assisted resident #1 with self- administration of medications.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2014

Administrator
Rainbow Gardens Alf #2
1801 Ne 182 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 5/7/2014 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 surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton for

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