| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965432 | 05/27/2014 |
| 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) | | |

**Revisit Corrected Tags:**

**Revisit Repeat Tags:**
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac

**Revisit New Tags:**

**Specific Tag Findings:**

**0000-Initial Comments**

An Standard Follow-up Revisit Survey was conducted on 05-27-14. Rainbow Gardens ALF #2 had the following deficiencies at time of survey.

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

Based on observation facility failed to ensure 1 out of 2 caregivers follow the correct procedures when assisting residents with their medications.

Findings Include:

Observation of the 8 am medications pass revealed caretaker #B was observed handing the medications from the bubble sheets into her bare hands and handed them to the residents by hand with a cup of water. Caretaker B then continued to pass the medications to another male resident #5 who was sitting in the rocking chair across in the living . The caretaker passed all of the morning medications to all of the residents who received their morning medications at 8 am in the same manner.

Interview with administrator on confirmed the caretaker did not follow the proper procedure.

Class III

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 Standard Biennial Revisit survey conducted on May 27, 2014 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

**All deficiencies shall be corrected no later than , 2014.**

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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:kb
Enclosure

BBT7

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