| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965882 | 07/07/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Rainbow Heights Home Care Inc | 1430 Nw 35 Street Miami, FL 33142 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0000 - - Initial Comments
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

A Standard Biennial survey was conducted on . Rainbow Heights Home Care Inc. had deficiencies at the time of the visit.

**0083-Training - First Aid and 58A-5.0191(4) FAC**

Based on observation, record review, and interview the assisted living facility failed to ensure that 1 out of 3 (staff B) had First Aid training.

Findings include:

At the arrival to the facility on 14 at 9:00 a.m. staff B was found in the facility providing direct care to residents. Staff B was observed cleaning, assisting resident with ambulating, preparing their meal and confirmed she gives the residents medications.

Record review revealed that staff B had the expired First Aid training dated . Record review found that the facility did not have any documentation that staff B had current First Aid training.

Findings were reviewed on at 1:30 p.m. with the administrator. Staff B First Aid training expired on

Class III

**0161-Records - Staff 58A-5.024(2) FAC**

Based on observations, record review, and interview the assisted living facility failed to have a copy of 1 out of 3 (Staff C) sampled staff member's level 2 background screening at the facility.

Findings include:

Facility tour on at 9:00 a.m. found Staff C (hired on )was observed assisting the residents with activities of dail

Record review found the facility did not have a completed copy of a level 2 background screenings for Staff C.

Interview conducted with the facility assistant administrator on at 11:00 am. revealed that she did not have a copy of her background screening at the facility.

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Rainbow Heights Home Care Inc** | **1430 Nw 35 Street Miami, FL 33142** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**L243-LMH - Training 58A-5.0191(8) FAC**

Based on record review and interview the assisted living facility failed to ensure that 1 out of 3 (staff B) sampled staff members received a minimum of 6 hours of limited mental health training.

Findings include:

Record review of staff B (hire date ) revealed that there was no documentation of having the initial 6 hours of Limited Mental Health Training.

On at 1:05 p.m. the administrator acknowledged the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_ , 2014

Administrator
Rainbow Heights Home Care Inc
1430 Nw 35 Street
Miami, FL 33142

Dear Administrator:

This letter reports the findings of a Standard Biennial 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 **08/06/2014** 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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