STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964521	08/06/2015
NAME OF PROVIDER OR SUPPLIER **RAINBOW PLACE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **522 SOUTH RAINBOW DRIVE** **HOLLYWOOD, FL 33021**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A Standard Biennial survey was conducted on 06, 2015. Rainbow Place,Inc., had the following deficiencies at time of the survey.

0010 Admissions - Continued Residency

Based on observation, interview, and record review, the facility still failed to follow admission licensure standards and determine the appropriateness for continued residency, for one out of six sampled residents (Resident #1).
Findings included:
Observation on / at 9:10 am revealed that Resident #1 had a full bed rail. Observation on / at 10:16 am revealed that Staff B and Participant lift Resident #1 up from the wheelchair to a recliner; Resident #1 did not put her feet on the floor. Further observations on from 10:16 am to 3:00 pm revealed that Resident#1 stayed seated in the recliner during the entire survey. Resident #1 was also observed eating her lunch seated at the TV area on the recliner, while Residents (#2, #3, #4 and 5) ate at the main dining .
Record review on revealed that Resident # 1's health assessment form (Form 1823 dated on / /) reflected that she needed supervision to ambulate and that she needs assistance with transfer. There was no precautions indicated on Form 1823. Further review of the form 1823 for Resident #1 revealed it did not have specify what type of assistance needed with administration of medication. Observation on at 11:30 am revealed that Resident #1 was assisted with self-administration of medication.
During an interview on at 9:10 am with Staff A and Staff B, both confirmed that Resident #2 cannot walk and /or stand up.

Class III

0032 Resident Care - Elopement Standards

Based on record review, observation and interview the facility failed to have at least 2 elopement drills performed per year.

Findings included:

Record review on / at 10:30 AM revealed there was no documentation of the last elopement drill of the facility performed. Observations on at 10:50 AM revealed Staff A seeking in the facility records for aforementioned information. However, there was no elopement drill at time of survey.

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Interview on 8/6/15 at 1:00 PM revealed that Staff A stated that there was no elopement drill in facility at time of survey.

Class III

0054 Medication - Records

Based on record review and interview, it was determined the facility failed to document on the Medication Observation Records (MORs) immediately after observing and assisting a resident with his/her self-administered medications, for 5 out 5 residents' MORs reviewed (Resident #1-#5).

Findings included:

Review of the MORs for the month of 2015 on at 11:30 AM revealed the facility had not documented assistance for the following residents for the AM medications. The following was noted based on review.

a) Record review on / revealed that Resident #1 medication (15 mg, 100 mg, 325 mg, 5 mg, 10 mg, 81 mg and Doc-Q-Lace 100 mg) for 8:00 am were not signed as given on the MOR.

b) Record review on / revealed that Resident #2 medications (Levitaractam 500 mg, 1 mg, 81 mg, 5 mg, 500 mg, Bethanechor 50 mg, KL 10, 5 mg and 20 mg) for 8:00 am were not signed as given on the MOR.

c) Record review on revealed that Resident #3 medications (Clopizide 5 mg, HC TZ mg, 20 mg and DOC-Q-Lace 100 mg) for 8:00 am were not signed as given on the MOR.

d) Record review on / revealed that Resident #4 medications (5 mg, 5 mg, 20 mg, 20 mg and 81 mg) for 8:00 am were not signed as given on the MOR.

e) Record review on / revealed that Resident #5 medications (10 mg, 500 mg and 500 mg) for 8 AM were not signed as given on the MOR.

During an interview on / at 3:00 PM with Staff A, she acknowledged that she forgot to sign the

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MORs.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, it was determined the facility failed to discard discontinued or abandon medication.

Findings included:

Observations during the facility tour on 8/6/15 at 9:10 AM revealed that there was a discarded medication observed (100 u/ml expired / /) inside of the refrigerator (not locked) in the kitchen.

During an interview on at 11:00 am with Staff A and B revealed that they acknowledged that the medication (unsecured) was expired and had not been discarded.

Class III

0077 Staffing Standards - Administrators

Based on record review and interview, it was determined that the facility failed to ensure that the Assistant Administrator had completed the core training requirements within 90 days of employment.

Findings included:

Record review on / of Staff C's personnel file revealed an employment application signed on / reflected her position as the Assistant Administrator. Further review failed to indicate any documentation reflecting proof of a high school diploma, CORE training and completion of the competency test (with a passing score).

During an interview on / from 9:00 am - 3:00 pm with Staff A and B, both stated that Staff C was the Manager of the facility.

Class III

0078 Staffing Standards - Staff

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Based on observations, record review and interview, it was determined the facility failed have documentation of freedom from for staff, for 3 out of 4 (Administrator, Staff B and C) sampled staff records reviewed.
Findings included:
Observation on / from 9:00 am - 3:00 pm revealed that Staff B works directly with Residents #1-#5.
Record review on revealed the Administrator (hired /) did not have current documentation indicating freedom from ; last statement was dated on / . Staff B (hired unknown) and C (hired on /) did not have statements to indicate freedom from in the file at time of survey.
During an interview on at 3:20 PM, Staff B acknowledged that she did not have any documentation indicating freedom from
Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview, the facility failed to provide annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF, for 2of 4 (Administrator and Staff C) sampled staffs.
Findings included:
Record review on revealed the Administrator did not have documentation of a minimum of 2 hours of continuing education training on providing assistance with self-administration of medications. Administrator last training dated / / .
Record review on / revealed Staff C did not have documentation of a minimum of 2 hours of continue education training on providing assistance with self-administration of medications in file a time of survey.
During an interview on / at 3:30 PM Staff A and B acknowledged that administrator and Staff C assist the Residents (#1-#5) with self-administered medications.
Class III

0160 Records - Facility

Based on record review, observation and interview, it was determined the facility failed to ensure all facility records were maintained in the facility and available for review by the Agency, upon request.

Findings included:

During an interview with Staff A on / at 9:10 AM, the facility staffing schedule and the current CEMP approval letter was requested. Staff A was unable to provide the requested information. Review of

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random facility documents provided by Staff A still failed to reveal the requested information.

During a tour of the facility between 9 AM and 3 PM on , failed to indicated aforementioned information.

During an interview on / at 11:00 a.m. with Staff A, she confirmed that those documents were missing for the facility at time of survey.

Class

0161 Records - Staff

Based record review and interview, the facility failed to ensure that 2 out of 4 sampled staff (Staff B and C) had an employment application, with references furnished.
Findings included:
a) Record review on / revealed Staff B (hire date unknown) did not have an employment application with references in file.
b) Record review of the Administrator's file revealed no references were available for review.
c) Record review of Staff C's file (hired on) revealed it did not have a copy of the Background Screening on file at time of survey.
During an interview on at 3:30 PM with Staff A and B , both revealed that they did not know about those documents.
Class

0162 Records - Resident

Based on observation, record review and interview the facility failed to have documentation of health care surrogate, guardian, or power of attorney(POA), for one out five (Resident # 3) sampled residents.

Findings included:

Observation on at 10:00 am revealed that Resident #3 ' s family member signed her entire admission documentation paperwork, located within her file. Further record review revealed that Resident #3 did not have the power of attorney in her file.

During an interview with Staff B on / at 10:52 am, she revealed that the POA was not in the facility at time of survey.

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During an interview with Staff A on 8/6/15 at 12:00 pm, she acknowledged that Resident #3 was missing her POA in file at time of survey.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Rainbow Place, Inc.
522 South Rainbow Drive
Hollywood, FL 33021

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representative 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 representative. Should you have any questions please call this office at 561381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/sf
Enclosure

XG90

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