STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953627	11/05/2015
NAME OF PROVIDER OR SUPPLIER **RAINBOW HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3302 NW 2 AVENUE** **MIAMI, FL 33127**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2015. Rainbow Home Care with Limited Mental Health component had the following deficiencies found at the time of the survey.

0078 Staffing Standards - Staff

Based on record review and interview facility failed to have three out of six (C/D/F) sampled employees to have their updated results in their files at the time of the survey.

Findings included:

1. Record review revealed that employees C/D/F all needed their results updated and placed in their files.
Employee C started on - and her last exam was dated . Employee D started on - and her last examination was completed on . Employee F. started on - and his last examination was completed on -.

2. Interviewed Administrator Assistant on - at 3:30 PM, she confirmed the findings in regards to the three employees did not have their up to date test results in their files at the time of the survey.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview facility failed to provide a clean and safe environment for the care of the residents at the time of the survey.
Findings included:
observed two beds/wall needed to be painted on the two areas next to residents bed (photo taken)
Toured on / facility grounds and kitchen area. The entire grounds area of the facility is in a mess. Observed at least ten chickens with chicks and roasters in the backyard area of the facility. On the outer wall of the first house at the lower portion of the all, observed a crack in the wall (photo taken)
There is a small dog who looked like she just had puppies, the garbage dumpster lids were up and there is a pile of broken down card board boxes on the ground in front of the dumpster.
On the side of the facility roof area observed one of the eves was rotten and needed to be replaced. In the rear area of the facility observed a lot of debris stacks of pallets next to a storage shed/ when coming

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out the first house observed at the end of the steps observed the end of the walk is broken on the edges and on the side areas of the sidewalk connected to the same walkway observed the same issue with broken edges (photos taken of these areas).
In the front of the second house on the top step missing tiles and in the under panel of the front roof there is a open hole where the vent screen is missing. (Photo taken).
Observation on of the hot water tank on the outside of the second house observed the pipe on top of the tank was not attached to it and very rusty on the top and on the same wall near the ground observed a bent screen bent away from the wall (Photo taken).
In the Residents second house the was cracked at the top window pane (Photo was taken). In # the curtain was observed hanging from the holder and not completely covering the window (photo taken).
In the facility kitchen on in the (main house) observed a dirty frying grill which was filthy with old grease and food (photo taken). Also in the kitchen observed a uncovered garbage can filled to the top with waste (photo taken).
Interviewed Administrator's husband on - at 3:00 PM in regards to the facility grounds and findings which he was shown at the end of the day. The Administrator's husband acknowledged the findings and stated all shall be corrected as soon as possible.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a Standard Biennial Survey that was conducted on
5, 2015 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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 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

jcj
Enclosure
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida