STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965432	12/22/2015
NAME OF PROVIDER OR SUPPLIER **RAINBOW GARDENS ALF #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **1801 NE 182 STREET** **MIAMI, FL 33162**	

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

0000 Initial Comments

An Abbreviated Biennial survey was conducted on ,2015. Rainbow Gardens ALF #2 had deficiencies found at the time of survey.

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint a separate manger for each facility that the Administrator supervised.

Findings included:

Record review revealed Employee A was the Administrator of two assisted living facilities. The facility appointed Employee B as the Manager of both facilities that the Administrator supervised.

Interviewed Employee B (Manager) on at 4:00 PM she confirmed the findings that the facility needed a Manager and that she cannot be a Manager at the facility.

Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have evidence of a negative examination documented on an annual basis for one out of three sampled employees (A).

Findings included:

Record review revealed Employee A's last freedom from communicable examination was completed on . the facility failed to have evidence of a negative examination documented on an annual basis for Employee A.

Interviewed Employee B (Manager) on at 4:00 PM she confirmed the findings in regards to Employee A not having the updated exam.

Class III

0160 Records - Facility

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965432	12/22/2015
NAME OF PROVIDER OR SUPPLIER **RAINBOW GARDENS ALF #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **1801 NE 182 STREET** **MIAMI, FL 33162**	

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

Based on the record review and interview the facility failed to have an annual fire inspection.

Findings included:

Record review revealed that the facility did not have the current fire inspection at the time of the survey.

Interviewed Employee B (Manager) on at 4:00 PM she confirmed the findings in regards to the facility not having a fire inspection available for review.

Class III

0162 Records - Resident

Based on record review and interview the facility failed to have one out of five sampled residents (3)'s proof of a power of attorney (POA), guardian, or surrogate documentation.

Findings included:

Record review revealed Resident #3's family member has been signing all of the necessary documents in her file without having a POA, guardianship, or surrogate documentation.

Interviewed Employee B (Manager) on at 4 :00 pm she confirmed the findings in regards to Resident #3's family member signing off on documents in Residents #3's chart without having the legal documentation in the file.

Class III

0167 Resident Contracts

Based on record review and interview the facility failed to have completed contracts for five out of five sampled residents (#1-5).

Findings included:

Record review revealed Residents #1-5 did not have completed contracts. Resident #1 was admitted on , Resident #2 was admitted on , Resident #3 was admitted on , Resident #4 was admitted on , and Resident #5 was admitted on .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965432	**12/22/2015**
NAME OF PROVIDER OR SUPPLIER **RAINBOW GARDENS ALF #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **1801 NE 182 STREET** **MIAMI, FL 33162**	

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

Interviewed Employee B (Manager) on at 4:00 PM she confirmed the findings and stated that the Administrator was responsible for those documents and she did not know where they were at this time.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Rainbow Gardens Alf #2
1801 Ne 182 Street
Miami, FL 33162

Dear Administrator:

This letter reports the findings of an Abbreviated Biennnial licensure survey that was conducted on , 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 , 2016.** 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

AMD:ve
Enclosure

XG90

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