RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Rainbow Gardens ALF
2310 Whitewood Avenue
Spring Hill, FL 34609

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative of this office.

Enclosed 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Charles Boyd for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5869
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967779	01/04/2016
NAME OF PROVIDER OR SUPPLIER **RAINBOW GARDENS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **2310 WHITEWOOD AVENUE** **SPRING HILL, FL 34609**	

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

0000 Initial Comments

On / a Change of Ownership Licensure survey was conducted at Rainbow Gardens Assisted Living Facility. Deficient practice was identified during the survey.

0078 Staffing Standards - Staff

Based on interview and record review the facility failed to obtain a written medical statement from a health care provider documenting freedom from communicable and evidence of a negative ( ) examination for 1 of 3 staff records reviewed (Staff B).

Findings:
A record review of the personnel record for Staff B was conducted. It revealed no documented evidence of freedom from communicable and a negative examination within the personnel record.
An interview was conducted with Staff B on / at 3:00 PM. She stated that she requested her record and Medical Statement from her previous employer but she has not received it.
An interview was conducted with the Manager on / at 3:05 PM. She stated that the company Staff B worked for is out of business and no longer has any records.
An interview was conducted with the Administrator/Owner on / at 3:10 PM. She confirmed that there was no medical statement from a health care provider documenting the absence of a communicable or evidence of a negative .

Class III

0083 Training - First Aid and

Based on interview and record review the facility failed to ensure that a staff member is on duty at all times with First Aid certification in 1 of 3 staff records reviewed (Staff A).

Findings:
An interview was conducted with the Manager on / at 9:40 AM. She stated that Staff A works the evening shift from 5:00 PM to 12:00 AM.
A record review of the personnel record for Staff A was conducted. It revealed there was no documented evidence of First Aid training.
An interview was conducted with the Administrator on / at 5:15 PM. She stated that she was sure Staff A had First Aid training but confirmed that it does not say First Aid on the card. She further confirmed Staff A could not work alone until First Aid training was received.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0167 Resident Contracts

Based on interview and record review, the facility failed to have a refund policy which provides the resident or responsible party to an entitled prorated refund based on the daily rate for any unused portion of payment beyond the termination date of the contract for 2 of 2 sampled residents (Resident #1 and Resident #3).
Findings:
A review of Resident #1's record revealed a contract dated [illegible]. There was no documention of a refund policy within the contract.
A review of Resident #2's record revealed a contract dated [illegible]. There was no documention of a refund policy within the contract.
An interview was conducted with the Administrator/Owner on [illegible] at 4:48 PM. The Administrator confirmed there was not a refund policy in the Resident Agreement.

Class III