STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968589	01/13/2016
NAME OF PROVIDER OR SUPPLIER **RAINBOW GARDENS OF VERO BEACH, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **4535 56TH AVENUE VERO BEACH, FL 32967**	

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

0000 Initial Comments

An unannounced biennial Relicensure survey was conducted on 13, 2016 at Rainbow Gardens Of Vero Beach. The facility had deficiencies at the time of the visit.

0078 Staffing Standards - Staff

Based on record review and an interview, the facility failed to ensure that 1 out of 1 sampled staff (Staff A) had freedom from ( ) documented by a health care provider on an annual basis.

The findings include:

The personnel file for Staff A was reviewed for freedom from ( ) documented by a health care provider on an annual basis. There was no documentation of this dated within the previous year for this staff member (Administrator).

a) Staff A -last documented freedom from was dated

The Administrator was interviewed at approximately 9:30 AM on / and confirmed that the documentation was not present and available for review. No additional documentation by a health care provider was presented at this time.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and an interview, the facility failed to ensure that 1 out of 1 sampled unlicensed staff members (Staff A) who was able to provide assistance with self-administered medications had successfully completed a minimum of 2 hours of continuing education training annually on providing assistance with self-administered medications and safe medication practices in an ALF.

The findings include:

The personnel file for Staff A was reviewed for documentation of a minimum of 2 hours of continuing education training annually on providing assistance with self-administered medications and safe medication practices in an ALF. There was no documentation of this training dated within the previous year for this unlicensed resident aide who was able to provide assistance with self-administration of medication to residents. The last certificate of this training was dated / . The Administrator was

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SUMMARY STATEMENT OF DEFICIENCIES
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interviewed at approximately 9:30 AM on / / and confirmed that the documentation was not present and available for review.

Class III

0085 Training - Nutrition & Food Service

Based on record review and an interview, the facility failed to ensure that 1 out of 1 sampled staff member (Staff A) who was the person responsible for the facility's food service and the day-to-day supervision of food service staff had obtained, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an ALF.

The findings include:

The Administrator was interviewed on / / at approximately 9:30 AM and stated she was responsible for the facility's food service and the day-to-day supervision of food service. Documentation of her completion of a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an ALF was requested at this time. There was no documentation of this training dated within the previous year. The last certificate of this training was dated /. The Administrator confirmed that the training had not been completed and documentation of the training was not available for review. No additional documentation of this training was presented at this time.

Class III

0093 Food Service - Dietary Standards

Based on record review and an interview, the facility failed to ensure the menu used to plan meals for residents was approved annually by a qualified professional.

The findings include:

On / at 9:30 AM, the approved menu was reviewed. The menu had documented by the registered dietician that it was approved for the time period / - /. During interview with the Administrator at this time, she stated she "did not know the menu had to be approved every year since she had no residents at this time". She acknowleged that she had not obtained an annual approval of the menus from the dietician. No additional documentation was presented at this time.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Rainbow Gardens Of Vero Beach, Inc.
4535 56th Avenue
Vero Beach, FL 32967

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a Relicensure survey that was conducted on , 2016 by a 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 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 05, 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure
XG90

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