STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964521	06/23/2016
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

An unannounced licensure complaint survey, CCR# 2016002523, was conducted on 6/7/16,6/12/16, 6/15/16 and 6/23/16 at Rainbow Place,Inc. (License # 9052). The facility had deficiencies at the time of the investigation.

0055 Medication - Storage and Disposal

Based on observation, interview, and record review, it was determined that the facility failed to dispose of abandoned medications in a timely manner. As evidenced of eleven bottles of medications found in the facility's locked medication cabinet for Resident #4 who was discharged in , 2015.

The findings included:

During an observation of the facility's medication cabinet, accompanied by the Assistant Administrator, the surveyor noted that the facility's medication cabinet contained the following medications for Resident #4:

a) levothroxine 0.05 mg tab, issue date
b) 4 bottles of -Doc-q-lace 100 mg, issue dates , , &
c) 100 mg, issue date
d) 75 mg ,issue date
e) 20 mg , issue date
f) 10 mg, issue date
g) 81 mg , issue date
h) 15 mg, issue date

The Assistant Administrator stated that Resident #4 was no longer a Resident in the facility, and that she was discharged on , that the medications are here because the daughter never stopped the medications from coming to the facility.

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure that all direct care staff members received the required in-service training's within 30 days of employment, for 2 out of 4 sampled

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964521	**06/23/2016**
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)

employees' records reviewed (Staff A and B).

The Findings Include:

1) A personnel record review conducted on 06/07/16 revealed that Staff A, with a hire date of 02/09/16 lacked documentation indicating the employee received the required in-service training's within 30 days of hire covering :
a) Elopement procedures
b) Resident rights in an assisted living facility
c) Recognizing/Reporting , Neglect and
d) Reporting major and adverse incidents
e) Facility emergency procedures including chain of command and staff roles to emergency evacuation

2) A personnel record review conducted on revealed that Staff B, with a hire date of lacked documentation indicating the employee received the required in-service training's within 30 days of hire covering :

a) Elopement procedures
b) Resident behavior and needs
c) Providing assistance with the activities of daily living
d) Reporting major and adverse incidents
e) Facility emergency procedures including chain of command and staff roles to emergency evacuation

A review of the facility's schedule titled "Staff Calendar" revealed that Staff A works works Sunday - Thursday from 7 AM-7 PM , and Staff B works Sunday - Sunday from 7 PM-7 AM .

In an interview conducted on at 1:43 PM with the Assistant Administrator, she reviewed the files and confirmed the findings. She stated no further documentation was available for review.

Class III

0090 Training -

Based on record review and interview, it was determined that the facility failed to ensure that all staff members had received 1 hour of training on the facility's policy and procedures regarding Do Not

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964521	06/23/2016
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)

Orders ( ), for 2 out of 4 sampled staff records reviewed (Staff A and B) .

The findings include:

A personnel record review conducted on 06/07/16 revealed that Staff A, with a hire date of and Staff B, with a hire date of / lacked documentation indicating completion of 1 hour of training in the facility's policy and procedures regarding within 30 days of employment.

A review of the facility's schedule titled "Staff Calendar" revealed that Staff A works works Sunday - Thursday from 7 AM-7 PM , and Staff B works Sunday - Sunday from 7 PM-7 AM .

In an interview conducted on at 1:43 PM with the Assistant Administrator she reviewed the files and confirmed the findings

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016002523

Dear Administrator:

This letter reports the findings of a complaint 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 , 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

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

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