STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965882	06/28/2016
NAME OF PROVIDER OR SUPPLIER **RAINBOW HEIGHTS HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1430 NW 35 STREET** **MIAMI, FL 33142**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2016. Rainbow Heights Home Care Inc. (License # 10187) with Limited Nursing Services and Limited Mental Health components had deficiencies identified at the time of the survey.

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to provide written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for 1 out of 4 sampled employees (Staff C). The facility failed evidence of a negative ( ) examination on an annual basis for 1 out of 4 sampled employees (Staff D).

Findings included:

Personnel record review of Staff C's file revealed that she was hired on / and that there was no a written statement from a health care provider documenting that she was free of any signs and symptoms of communicable .

Personnel record review of Staff D's file revealed that the last exam was negative and was dated . The facility failed evidence of a negative exam on an annual basis.

The facility's Manager stated on at 10:40 am that she will let Staff C know that she needs to bring a physical examination from a health care provider to the facility and that she will let Staff D know that she needs to have a new test done.

Class III

0080 Training - Core & Competency Test

Based on record review and interview the facility's Administrator failed to participate in 12 hours of continuing education in topics related to assisted living every 2 years.

Findings included:

Personnel record review of the facility's Administrator's file revealed that she did not have proof that she participated in 12 hours of continuing education in topics related to assisted living in the last 2 years.

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The facility's Manager stated on at 10:30 am that she will let the Administrator know that she needs to complete the 12 hours of continuing education in topics related to assisted living.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview the facility failed to show proof on an annual 2 hours update of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility for unlicensed staff that assist residents with self-administration of medications after the initial 4 hours training for 2 out of 4 sampled staff (Staff C and D).

Findings included:

Record review of Staff C and D revealed that they both took a 4 hours training in assistance with self-administered medications and safe medication practices in an assisted living facility on / . The facility failed to show proof on an annual 2 hours update of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility for unlicensed staff that assist residents with self-administration of medications.

The facility manager stated on / at 10:45 am that she will send her staff to the primary care physician to have new physical examinations done.

Class III

0160 Records - Facilitv

Based on record review and interview the facility failed to show proof of a satisfactory annual fire inspection.

Findings included:

Record review of the facility's records revealed the last fire inspection available for review was dated . The facility failed to show proof of a satisfactory annual fire inspection.

The facility's Manager stated on at 10:10 am that they had an inspection last year but apparently was misplaced. She also stated that they are installing sprinklers because at the other facility

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that they own they were told that with more than 12 residents they need them and that they will call for inspection once they are done with the installation of sprinklers.

Class III

Z813 Results of Screening & Notification in File

Based on record review and interview the facility failed to have attestation of compliance in the employees' personnel filea for 4 out of 4 sampled employees (Staff A, B, C, and D).

Findings included:

Personnel record review revealed the employee files did not have attestation of compliance forms in Staff A, B, C, and D records.

The facility's Manager stated on / at 10:50 am that she did not know that the attestation of compliance needed to be together with the results of the level 2 background screening.

Unclassified

Z814 Background Screening Clearinghouse

Based on record review and interview the facility failed to register with the clearinghouse (Background screening web site) and maintain the employment status for 1 out of 4 facility employees (Staff A) within the clearinghouse.

Findings included:

Review of the staffing schedule had Staff A listed. Review of the background screening website for providers showed the facility had no employees registered at the mentioned site.

The facility's Manager stated on / at 11:00 am that she did not know that she needed to register the staff with the clearinghouse.

Unclassified.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Rainbow Heights Home Care Inc
1430 Nw 35 Street
Miami, FL 33142

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted on , 2016 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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