RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016006420

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) 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(s). Should you have any questions please call Chuck Bory at 386-462-6201.

Sincerely,

Charles Bory for

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967779	08/30/2016
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 , an unannounced complaint investigation (CCR#2016006420) survey was conducted at Rainbow Gardens Assisted Living Facility (facility license # 11785). Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to ensure that the Resident Health Assessment (AHCA Form 1823) was entirely completed, without omitted information, for 5 of 6 residents (Resident #1, #2, #4, #5 and #6).

Findings:

On , a record review was conducted on Resident #1's 1823 Health Assessment, dated / . It was observed to be missing the following information:

1. Page 3. Section A: Ability to perform self-care tasks: The facility failed to specify the extent and type of supervision or assistance needed for preparing meals, shopping, making phone calls, handling personal affairs, and handling financial affairs.

2. Page 5. Section 3: Services offered or arranged for by the facility: The facility failed to fill out this section and it is blank.
3. Page 5. Name of the recipient or guardian, signature of the recipient or guardian, name of the administrator or designee, signature of administrator or designee are blank.

4. Page 5. The question: "Does the facility intend to use this form to satisfy the Medicaid assessment for assistive care services?" is blank.
On , a record review was conducted on Resident #2's 1823 Health Assessment dated: no date provided. It was observed to be missing the following information:

1. Page 2. Section A: To what extent does the resident need supervision or assistance: The facility failed to provide the extent and type of assistance or supervision needed for: ambulation, bathing, and dressing.
2. Page 3. Section A: Ability to perform self-care tasks: The facility failed to specify the extent and type of assistance needed for preparing meals, shopping, handling personal affairs, and handling financial affairs.
3. Page 4. Name of the examiner, signature of the examiner, medical license #, address of the

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examiner, telephone number of the examiner, title of the examiner and the date of the examination are blank.
4. Page 5. Section 3: Services offered or arranged for by the facility: The facility failed to fill out this section and it is blank.
5. Page 5. Name of the recipient or guardian, signature of the recipient or guardian, name of the administrator or designee, signature of administrator or designee are blank.

6. Page 6. The question: "Does the facility intend to use this form to satisfy the Medicaid assessment for assistive care services?" is blank.
On [redacted], a record review was conducted on Resident #4's 1823 Health Assessment dated, no date provided. It was observed to be missing the following information:

1. Page 3. Ability to perform self-care tasks and general oversight: This page is missing.

2. Page 4. Including name of the examiner, signature of the examiner, medical license #, address of the examiner, telephone number of the examiner, title of the examiner and the date of the examination: This page is missing.
3. Page 5. Including services offered or arranged for by the facility, name of the recipient or guardian, signature of the recipient or guardian, name of the administrator or designee, signature of administrator or designee: This page is missing.

On [redacted], a record review was conducted on Resident #5's 1823 Health Assessment, dated [redacted]. It was observed to be missing the following information:

1. Page 2. Section A: To what extent does the resident need supervision or assistance: The facility failed to provide the extent and type of assistance needed for: ambulation, bathing, dressing, eating, self-care ( ), toileting, and transferring.

2. Page 3. Section A: Ability to perform self-care tasks: The facility failed to specify the extent and type of assistance needed for preparing meals, shopping, making phone calls, handling personal affairs, and handling financial affairs.
3. Page 4. Section B Does the resident need help with taking his or her medications, the box is checked 'yes'. If yes, please place a checkmark in front of the appropriate box below (needs help with self-administration of medication, or needs medication administration). The facility failed to check which box is appropriate for the resident.
On [redacted], a record review was conducted on Resident #6's 1823 Health Assessment, dated [redacted]. It was observed to be missing the following information:

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1. Page 2. Section A: To what extent does the resident need supervision or assistance: The facility failed to provide the extent and type of supervision needed for: dressing, and toileting.

2. Page 3. Section A: Ability to perform self-care tasks: The facility failed to specify the extent and type of assistance needed for preparing meals, shopping, making phone calls, handling personal affairs, and handling financial affairs.

3. Page 4. Section B: Does the resident need help with taking his or her medications, the box is checked 'yes.' If yes, please place a checkmark in front of the appropriate box below (needs help with self-administration of medication, or needs medication administration). The facility failed to check which box is appropriate for the resident.
4. Page 5. Name of the recipient or guardian, signature of the recipient or guardian, name of the administrator or designee, signature of administrator or designee are blank.

During an interview on at 2:24 PM, Staff B confirmed that there was information missing from: pages 3 and 5 of Resident #1's 1823 Health Assessment; pages 2, 3, 4, 5 and 6 of Resident #2's 1823 Health Assessment; page 3, 4 and 5 of Resident #4's 1823 Health Assessment; pages 2, 3, and 4 of Resident #5's 1823 Health Assessment; and pages 2, 3, 4, and 5 of Resident #6's 1823 Health Assessment.

Class III

0025 Resident Care - Supervision

Based on record review and interview, the facility failed to monitor the quantity and quality of residents' diets to prevent significant weight loss for 1 of 6 residents (Resident #4); and the facility failed to notify the health care provider of a significant weight loss for 1 of 6 residents (Resident #4).

Findings:

On , a review of the weight records for Resident #4 revealed the resident had a documented significant weight loss. Resident #4 lost 12 pounds from 2016 to 2016. The weight recorded for Resident #4 on was 152 pounds. The weight recorded for Resident #4 on was 140 pounds. This is a 7.9% weight loss in one month. The resident's weight as recorded on // was 163 pounds. The resident's weight as recorded on was 141 pounds. This is a 22 pound (13.5%) weight loss in 6 months.

During an interview on at 2:24 PM with facility Staff B, Staff B stated that Resident #4 doesn't

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usually eat much. When asked if the physician had been notified about the resident's weight loss, Staff B stated that she verbally notified the resident's Nurse Practitioner while she was in the facility, but that there is no documentation of that notification. Staff B stated that the resident had been prescribed as an appetite stimulant.

On , a review of Resident #4's Medication Administration Record (MOR) showed that the resident was taking 5mg before each meal.

During an interview on at 2:54PM with Resident #4's Advanced Registered Nurse Practitioner (ARNP), the ARNP stated that she was unaware that the resident had lost 22 pounds in a 6-month period. When asked if the ARNP had prescribed to the resident as an appetite stimulant, the ARNP stated that the was prescribed for the residents ( ), not as an appetite stimulant.

Class III

0093 Food Service - Dietary Standards

Based on record review, observation, and interview, the facility failed to follow a therapeutic diet as ordered by the resident's health care physician for 1 of 6 residents (Resident #1); the facility failed to serve comparable nutritional substitutions for 6 of 6 residents; and, the facility failed to maintain a substitution log for 6 months for 6 of 6 residents.

Findings:

1.) On , a record review was conducted of the Resident Health Assessment (AHCA Form 1823) for Resident #1. The form was dated / and it revealed that Resident #1 is prescribed a pureed diet with nectar thick liquids.

On 12:08 PM to 12:14 PM, Resident #1 was observed during the lunch meal at the dining . Resident #1 was observed at the table eating a table spoon of cottage cheese and diced tomatoes in a small glass dish as provided by Staff A. In addition, Resident #1 was observed drinking thin clear liquid in a small cup with ridges.

On at 12:10 PM, an interview was conducted with Staff B who reported Resident #1 is not on a special diet since coming here. She reported she has never known her to be on a special diet.

On at 12:24 PM, an interview was conducted with the Administrator. She stated an order was

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requested indicating resident's diet has been changed to a regular diet. She reported, regarding documentation that the resident is on a pureed diet with nectar thick liquids on the 1823 Health Assessment, "If she has one I do not know; it should have been corrected on the 1823."

On at 12:35 PM, the Administrator reported she could not provide a copy of the order showing Resident #1's pureed diet had been changed to a regular diet.

On at 1:39 PM a phone interview was conducted with the Licensed Practical Nurse (LPN) at Resident #1's physician's office. She could not confirm the diet change from pureed with nectar thick liquids to a regular diet at that time. No other information was provided regarding diet change.

2.) On , a record review was conducted of the posted menu for 2016. The following menu items were documented for for breakfast and lunch:

Breakfast: ½ C juice, ½ C cooked cereal, ½ C fruit, 1 C milk

Lunch: 3 oz. pork chop, ½ C mashed potatoes, ½ c cauliflower, ½ c applesauce, 1 slice bread, 1 c milk

On at 9:59 AM, Resident #3 was observed being served waffles for breakfast and a small glass of orange juice.

On at 10:12 AM, Resident # 4 was observed being served waffles for breakfast and a hot beverage.

On at 11:55 AM, all of the facility residents observed during the lunch meal being served fried ham with cheese on toasted bread, tomatoes with a tablespoon of cottage cheese.

On at 12:45 PM, an interview was conducted with Resident #2. She reported she does not like the food and described it as tasteless. She reported the residents get an awful lot of pasta here. She reported the facility does not have snacks for the residents. She reported the facility just keeps serving the same old stuff. She stated, "For example, they give you a hotdog. They don't even warm the ." She reported the facility changes the menu every day and reported it happens all the time. She stated, "For example, in the morning, I usually have a toasted waffle, but it's not even warm." When asked if she told staff that the waffle wasn't warm, she stated that staff do nothing but shrug their shoulders and do not heat up the waffle.

On at 1:40 PM, an interview was conducted with Resident #1. She reported she talked to a man yesterday, and she thought that all the residents felt the same. She expressed, "It's the truth, but

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people aren't backing me up like they should. I thought everyone agreed that there wasn't enough food, but after he was here they stopped saying anything and everything is fine now." She reported, "There's been days where we didn't eat breakfast, lunch or dinner, and one night when that happened one of the girls that brought me to my bed said 'you're really hungry, aren't you?" The resident said that she replied, "Yes." She reported that the girl brought her a big piece of cake. She reported they are "very seldom" given snacks. She reported if residents do not like the food, they have to give you what they have, if you don't want it, you just leave it.

On at 3:05 PM, a family interview was conducted with Participant E, who reported the food has a lot to be desired. She expressed the menu could be different, such as making homemade meals versus things that come out of a box. She reported the portions are too small. She reported she came during dinner on , 2016 and she almost left crying because one resident wanted bacon, and one was hungry wanting more. She stated the residents wanted certain things. Participant E reported she went to the store and purchased items such as bacon, personal pizza for the residents. She reported the facility does not go by the menu. She stated, "I know they don't." She reported she does not think the residents have enough food. She expressed Resident #1 is the one who was hungry. She reported on Sunday, , 2016, she observed cube steak being cooked but observed it to be a very small portion for 5 people. She reported they usually have frozen pizza, fried chicken (a lot), fish sticks, egg salad (a lot). She reported a lot of sandwiches are being served. She reported they do a lot of boxed potatoes, but they give little portions. She expressed the residents deserve a better meal than what they are getting. She denied ever being asked about her mom's food preferences. She confirmed she has informed the owner of her concerns about the food on , 2016, including the food purchases she has made and the observation she has made that residents received a lot of noodles and jarred sauce.

3.) On 11:05 AM, the substitution log was requested from Staff B. Staff B could not provide the substitution log for a period of 6 months.

On at 11:29 AM, an interview was conducted with Staff B. She reported she could not provide substitutions dating back to 2016. She stated, "I couldn't put my hands on it because I took over for another manager."

Class III