STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953627	10/12/2016
NAME OF PROVIDER OR SUPPLIER **RAINBOW HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3302 NW 2 AVENUE** **MIAMI, FL 33127**	

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

0000 Initial Comments

A Complaint Survey (CCR #2016008374) was conducted on Rainbow Home Care with Limited Mental Health license (AI 8623) had the following deficiencies found at the time of the visit:

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to have a Manager with the required qualifications (Staff B).

Findings as follow:

Review of the Health Facility Finder website showed the facility's Administrator (Staff A) supervised two facilities.

Record review showed the facility failed to have proof of the CORE training for the Manager (Staff B hired on 2016).

On at 2:45 p.m. the facility's Manager arrived to facility and stated has the Core training but proof of it was misplaced.

Class III

0079 Staffing Standards - Levels

Based on observation, record review, and interview the facility failed to have an accurate Staffing schedule.

Findings as follow:

On at 10:00 a.m. observed Staff D and Staff E in facility.

Staffing schedule review showed on :
Staff D was off
Staff E was not listed on the schedule
Staff G was listed on the schedule to work from 7 am to 7 pm but is not working in facility.

On Staff C acknowledged the schedule was not accurate and stated Staff G does not work

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in facility since a month ago.

Class III

0093 Food Service - Dietary Standards

Based on observation and interview the facility failed to have a 3-day supply of nonperishable food, on hand all the time based on the number of weekly meals the facility has contracted with residents to serve. The facility also failed to have the weekly planned menu for the current week, conspicuously posted.

Findings as follow:

On at 10:00 a.m. during facility tour with Staff C found the facility had a storage the emergency supply with expired foods:
2 carton quarts of nog coconut milk expiration date
2 boxes of 12 cans each of sweet peas 15 oz. expiration date:
2 cans applesauce expiration date

During facility tour it was observed the facility menu posted on the board was for the week from till .

Staff C acknowledged the mentioned emergency food cans and quarts were expired and proceed to throw them out. Staff C stated the facility had a census of 13 residents. Staff C acknowledged failed to change the menu to the current week menu.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation, record review, and interview the facility failed to have a safe living environment by having facility residents smoking inside the facility and having a closet door in bad repair.

Findings as follow:

On at 10:00 a.m. during facility tour with Staff C found a strong cigarette smoke odor in facility (corner house). There were "No Smoking" signs observed.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Rainbow Home Care
3302 Nw 2 Avenue
Miami, FL 33127
RE: CCR #2016008374

Dear Administrator:

This letter reports the findings of a Complaint licensure survey that was conducted on 12, 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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