RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Rainbow Home Care
3302 Nw 2 Avenue
Miami, FL 33127

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2017.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

BBT7

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL
Phone:(305) 593-3100; Fax:(305) 593-3121
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953627	R 12/09/2016
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) revisit was conducted on 12-09-2016 at Rainbow Home Care with Limited Mental Health license (AI 8623) . Deficiencies were identified at the time of the visit:

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

The facility failed to provide documentation that the manager had completed the required training and certification (CORE).

Findings:

Record review showed that the manager was hired in 2016. Further record review showed that there was no documentation that the manager had completed the required training and certification (CORE).

On at approximately 10:00 am, the Owner stated that the facility has been trying to contact the licensure office to find out what to do since they cannot find the records of the Manager's CORE training.

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to register and maintain an employee roster in the Background Screening Clearinghouse Database. Four of four employees were not registered (A, B, C, and D).

Findings:

On at 10:00 a.m. Staff C and D were observed working in facility with a census of 13 residents.

A review of the facility's roster in the Background Screening Clearinghouse Database showed that it was blank.

Interviewed on - at 11:00 AM, the Administrator stated the facility has been trying to register staff in the Clearinghouse Roster, but was having problems with the site.

Unclassified

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11953627 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW HOME CARE	3302 NW 2 AVENUE MIAMI, FL 33127

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0079	Correction	ID Prefix A0093	Correction	ID Prefix A0152	Correction
Reg. # 58A-5.019(3) FAC	Completed	Reg. # 58A-5.020(2) FAC	Completed	Reg. # 58A-5.023(3) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0162	Correction	ID Prefix AZ815	Correction	ID Prefix	Correction
Reg. # 58A-5.024(3) FAC	Completed	Reg. # 408.809, 435.02(2), 435.06	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE 12/20/16	TITLE HCES	DATE

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
10/12/2016	☐ YES ☐ NO