STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965882	04/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW HEIGHTS HOME CARE INC	**1430 NW 35 STREET MIAMI, FL 33142**

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on , , 2017. 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:

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on record review and interview the facility failed to maintain a written record on the provision of additional services (home health for administration of injection) for 2 out of 2 sampled residents (Resident # 1 and # 2).

Findings included:

Record review of Resident #1's file revealed that the resident is receiving home health services for administration of injection. Review of the home health folder revealed that the last administration and sugar results were documented on .

Record review of Resident #2's file revealed that the resident is receiving home health services for administration of injection. Review of the home health folder revealed that the last administration and sugar results were documented on .

Staff A stated on at 11:05 am that the nurse from the agency told him that they document the visits electronically and that he has to print them out and bring them to the facility.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to provide evidence of a negative examination on an annual basis for the registered nurse contracted by the facility.

Findings included:

Record review of the Registered Nurse contracted by the facility revealed that the last statement was dated and it was negative. The facility did not have the updated information.

On at 10:35 am the Registered Nurse stated on the phone that she had the test done on , and it was read on , and it was negative and that she will send a copy to the facility.

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

Class III