STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965882	R **08/02/2017**

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 Revisit was conducted on 02, 2017. Rainbow Heights Home Care, Inc. (license #10187) with Limited Nursing Services and Limited Mental Health components had a deficiency identified at the time of the survey under this component.

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on record review and interview the facility failed to maintain documentation of the qualifications of nurse providing limited nursing services in the facility.

Findings included:

Record review of the registered nurse's file contracted by the facility to provide limited nursing services revealed that the license had expired on .

On at 10:05 am the Administrator's husband stated, "I did not know that her license was expired."

Class III