STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965882	**08/02/2017**
NAME OF PROVIDER OR SUPPLIER **RAINBOW HEIGHTS HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1430 NW 35 STREET** **MIAMI, FL 33142**	

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

0000 - Initial Comments

A Complaint Survey (CCR #2017005566) 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:

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview the facility failed to have a health assessment completed by a licensed physician, a licensed physician assistant, or a licensed nurse practitioner within 60 days before admission or within 30 days following the admission to the facility for 1 out of 13 sampled residents (Resident #4).

Findings included:

Record review of Resident #4's file revealed that he was admitted to the facility on . Record review also revealed Resident #4 did not have a completed health assessment within 30 days of admission to the facility.

On at 10:40 AM Staff A stated Resident #4 had a health assessment but he did not know where it was.

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on record review and observations the facility failed failed to have an updated activities calendar and offer activities to the residents.

Findings included:

Review of the activities calendar posted in the dining that it was for the month of .

Observations from 6:30 AM to 12:45 PM on found the residents were sitting on the living smoking on the front porch.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965882	08/02/2017
NAME OF PROVIDER OR SUPPLIER **RAINBOW HEIGHTS HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1430 NW 35 STREET** **MIAMI, FL 33142**	

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

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, interview, and record review the facility failed to honor resident rights for not being able to accommodate all the residents at the dining . Also the facility failed to a physician order for the use of side rails for 1 out of 13 sampled residents (Resident # 11).

Findings included:

On at 8:55 am observed six residents sitting having breakfast at the dining but the facility also did not have other chairs available. The facility had a census of 13 residents at the time of the survey.

On at 8:55 AM Resident #4 complained that there were no seat for him at the table.

On at 8:35 AM observed Resident #11 lying in bed in # with half bed rails up.

Review of the record of Resident #11 revealed that there was no order for Resident #11 use half bed rail.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation, record review, and interview the facility failed to follow ensure that residents received their scheduled medications by the facility staff.

Findings included:

On from 6:30 AM to 12:55 PM observations found the facility did not provide the morning medications to the residents.

On at approximately 11:30 AM Staff C stated that she had given the medications to residents.

A review of the medication observation records showed the medications were prescribed for 8:00 AM.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview the facility failed to have a written work schedule that reflects its

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965882	08/02/2017
NAME OF PROVIDER OR SUPPLIER **RAINBOW HEIGHTS HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1430 NW 35 STREET** **MIAMI, FL 33142**	

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

24-hour staffing pattern for a given time period.

Finding included:

Review of the staffing schedule posted in the dining that it was for the month of .

Staff A stated on at 8:42 AM that the one for would be posted.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review and observation the facility failed to note substitutions prior to serving breakfast and ensure the meal had comparable nutritional value.

Findings included:

On at 8:30 AM breakfast was served; the residents had scrambled eggs, hotdog buns, and coffee with milk.

Review of the menu revealed that the residents were supposed to have assorted juices, ¾ cereal cup, 4 Cuban crackers, margarine, and milk. The substitutions were not written on the menu.

Class III

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on record review and interview the facility failed to file a surety bond with the agency in an amount equal to twice the average monthly resident payment for 8 out of 13 sampled residents Residents #1, #4, #5, #8, #9, #10, #11 and #12.

Findings included:

On at 11:40 AM Resident #1 stated, "I give them my card and they get the money for me."

On at 11:35 AM Resident #4 stated, "They go to the bank for me; my check goes directly to their account."

On at 11:20 AM Resident #5 stated, "I give them the card and they get the money. I let them do

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

it and for me is better that way."

On at 11:07 AM Resident #10 stated, "I give them my card and they withdraw the money for me because I cannot walk that much because my left side is too weak."

Record review of Residents # 1, #4, #5, #8, #9, #10, #11 and #12's files revealed that they contained a document authorizing facility staff to retain and use residents' direct express ATM cards to withdraw their rent amounts from their accounts for the duration of their residency.

On at 9:48 AM Staff A stated that the facility does not have a surety bond because it is too expensive to have one. He stated that they will just give all of the direct express cards back to the residents. The facility had been keeping them and getting the residents' rent money out because residents were removed from needing to have a payee by social security.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation, record review, and interview the facility failed to provide a safe living environment free of hazards. The facility failed to provide appropriate furniture for 2 out of 13 sampled residents (Resident #4 and #5).

Findings included:

During a tour of the facility on at 6:30 AM a strong odor was coming from a # . Also observed a cat eating on her bowl in the living .

During tour of the facility on at 8:37 AM observed on the left side of the outside of the facility a bed frame leaned to the wall to where the residents had access.

On at 10:10 AM Staff A was asked for the cat records and he stated that the cat was not . He also stated that he would get rid of the cat and that he was taking the bed frame in his pick up truck immediately.

On at approximately 8:37 AM observed in # occupied by Residents #4 and #5, there was no closet and that the clothes were hung on a rack.

Staff A stated on at 8:37 AM # had always been like that.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965882	**08/02/2017**
NAME OF PROVIDER OR SUPPLIER **RAINBOW HEIGHTS HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1430 NW 35 STREET** **MIAMI, FL 33142**	

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

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observation, record review, and interview the facility failed to maintain personnel records for each staff member which included a completed employment application with references, documentation of background screening, and documentation of compliance with all training requirements for 1 out of 5 sampled staff (Staff B).

Findings included:

Upon arrival to the facility on at 6:30 AM observed Staff B and C with the residents.

Record review found Staff B did not have a record available to review in the facility.

On at 7:45 AM Staff A stated Staff B used to work there six or seven months earlier, left to work elsewhere but then lost her job and came back.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to have a complete resident record for 1 out of 13 sampled residents (Resident #4).

Findings included:

Record review of Resident # 4 revealed that he was admitted on . The facility did not have an admission weight for Resident #4.

On at 10:40 AM Staff a stated Resident # 4 had a health assessment with the admission weight but he did not know where it was.

Class III

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on record review and interview facility failed to update annually the Community Living Support

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965882	**08/02/2017**
NAME OF PROVIDER OR SUPPLIER **RAINBOW HEIGHTS HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1430 NW 35 STREET** **MIAMI, FL 33142**	

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

Plan and , Agreement for 5 out of 13 sampled residents (Residents #1, #4, #6, #11 and #12).

Findings included:

Review of Resident # 1's record revealed that the community support plan and , agreement expired on . Review of Resident #4's record revealed that he was admitted on and that there was no community support plan and , agreement. Record review of Resident #6's record revealed that his community support plan and , agreement expired on . Record review of Resident #11's record revealed that there was no community support plan. Review of Resident #12's record revealed that the community support plan and , agreement expired on .

On at 10:45 AM Staff A stated, "It is because the mental health company keeps changing the social workers and for a time there was only one social worker. They were not paying well and they were leaving the company. Now they have a social worker that is seeing everyone and comes once a month; I told him and he has not done them yet. Now they have a new supervisor and I am going to call him to let him know."

Class III

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

Z809 - Proof of Financial Ability to Operate - 59A-35.062(3)(e)&(7);408.803(7) &.810(8)

Based on record review and interview the facility failed to show proof of being financially stable to operate; the facility failed to maintain accurate business records that identify, summarize, and classify funds received and expenses disbursed and shall use written accounting procedures and a recognized accounting system.

Findings included:

On at 9:48 AM Staff A stated that the facility did not have a surety bond because it was too expensive to have one. Staff A stated that they will just give all of the direct express cards back to the residents. They had been keeping them and getting the residents' rent money out because residents were removed from needing to have a payee by social security. Residents were not reliable in paying their rent so the facility had to intervene.

On at 10:10 AM requested the bank records, income and expense records, and utility bills. Record review revealed the requested records were not available.

On at 10:10 AM Staff A stated that they did not keep these kinds of records, and that he might keep some bank records at home but he can't get to them now. Staff A stated that they do not keep resident ledgers and that they did not give residents rent receipts. He also stated that the accountant was the one doing his income and expenses when filing their taxes. Staff A stated he did not know how they determined how much rent to charge. If residents' income is $735, for example, they charge that amount minus $54, then give the $54 to the resident. When asked about
( ) and stated that they get $78 from , then give residents $54.

Unclassified

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview the facility failed to have the results of the screening and the signed attestation of compliance for 1 out of 5 sampled staff (B).

Findings included:

On at 7:30 AM requested the employee record for Staff B.

Record review revealed Staff B did not have a record at the facility which included the background

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965882	**08/02/2017**
NAME OF PROVIDER OR SUPPLIER **RAINBOW HEIGHTS HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1430 NW 35 STREET** **MIAMI, FL 33142**	

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

screening eligibility results and a signed attestation of compliance.

On at 7:45 AM Staff A stated Staff B used to work there six or seven months earlier, left to work elsewhere but then lost her job and came back.

Review of the background screening database showed that Staff B had an eligible level II background screening dated .

Unclassified

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

Based on record review and interview the facility failed to maintain the employment status of all employees within the clearinghouse for 2 out of 5 sampled staff (Staff A and B).

Findings included:

Review of the facility roster in the clearinghouse database revealed that Staff B was not listed as currently employed by the facility. Also revealed Staff A was not listed on the roster.

On at 7:45 AM Staff A stated Staff B used to work there six or seven months earlier, left to work elsewhere but then lost her job and came back. He also stated that he did not work at the facility because he was already retired and he did not have a background screening.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview the facility failed to ensure that a level II background screening for 1 out of 5 sampled staff (Staff A) who was in charge at the facility in the absence of the Administrator.

Findings included:

Upon arrival to the facility on at 6:30 AM observed Staff B and C with the residents.

On at 7:00 AM Staff A, the Administrator's husband, arrived to the facility. He stated that his wife was unable to come because she was asleep until much later. His daughter, who helps to run the facility, was on a cruise. Staff A was at the facility during the survey from 6:30 AM to 12:00 PM providing records and answering questions.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965882	**08/02/2017**
NAME OF PROVIDER OR SUPPLIER **RAINBOW HEIGHTS HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1430 NW 35 STREET** **MIAMI, FL 33142**	

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

On ..... at 7:45 AM Staff A stated he did not work at the facility because he was already retired and that he did not have a background screening.

Unclassified