STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964521	09/22/2017
NAME OF PROVIDER OR SUPPLIER **RAINBOW PLACE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **522 SOUTH RAINBOW DRIVE** **HOLLYWOOD, FL 33021**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at Rainbow Place, Inc (License # 9052). The facility had deficiencies at the time of the visit.

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

Based on interview and record review, it was determined the facility failed to maintain evidence of a negative ( ) examination on an annual basis, for 1out of 5 sampled staff that provides direct care for the residents of this facility (Staff C).

The Findings included:

During interview and record review conducted with Staff B (manager), on beginning at approximately 11:40 AM, she acknowledged Staff C had a date of hire noted as and did not have an annual negative examination documented in 2017. The last statement on record expired on . Record review failed to reveal evidence of a negative testing. Staff B provided no additional information for review.

Class III

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

Based on observation and interview, it was determined the facility failed to ensure that all existing appurtenances are maintained, specially related to the maintenance of the inside of the ALF.

The findings include:

During observation on the initial tour and throughout the day on , at 9:30 AM, the following concerns were identified: (Photographic evidence obtained)

1. The den area accessible to resident had pealed paint on the walls.
2. The back door had dirt marks all over.
3. The trimmings around the back door was stripped off.
4. The white couch in the den area was torn in multiple areas.
5. The walls leading from the den to the dining area contain multiple scratches.
6. Closet pocket door in was broken and off hinges
7. Cable wire stretching from hallway between # and # posed a safety hazard for resident in # .

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SUMMARY STATEMENT OF DEFICIENCIES
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8. Multiple scratches on # door.
9. Bottom of # vanity completely rotten and apart.
10. Left door on # vanity unable to close properly.
11. # window facing the north side of the property has a broken glass.
12. Bed A in contained worn sheets with holes and multiple tears.

During an interview with Staff B on at 10:00 am, the above stated items was acknowledged and confirmed.

Class III

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

Based on review of facility staff schedule, Background Screening Clearinghouse review, and a staff interview, the facility failed to maintain a current employee roster with all employees of the facility listed.

The findings included:

On , a review was conducted of the facility's employee roster located on the Agency's Background Screening Clearinghouse website. At this time, 4 out of 5 sampled staff were listed on the roster, including the Administrator.

Review of the facility's staffing schedule revealed Staff C is a current employee at the facility.

During interview with Staff B on at 2:05 PM, she indicated that the employee roster was completed. The facility provided no additional documentation.

Unclassified