STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965407	**04/18/2018**
NAME OF PROVIDER OR SUPPLIER **RAINBOW MANOR,INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **2075 RAINBOW DRIVE CLEARWATER, FL 33765**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Biennial licensure survey was conducted on .

The Rainbow Manor ALF, Assisted Living Facility (License #9781), had deficiencies at the time of this visit.

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

Based on record review and interviews, the facility (with 6 current residents) failed to ensure that all staff (2 of 3 reviewed) have testing within 30 days after beginning employment and that all staff (3 of 3 reviewed) have submitted statements from a health care provider documenting not having any signs or symptoms of a communicable including .

Findings included:

On beginning at 9:45am, Agency staff reviewed three employee records of facility staff whose duties include providing direct care for facility residents. The Administrator and the Assistant Administrator both began employment on . Staff A (Resident Aide) began employment on .

The Administrator's file contained no evidence of testing and no statement from a health care provider documenting freedom from any signs or symptoms of a communicable including .

The Assistant Administrator's file contained evidence of negative testing, but no statement from a health care provider documenting freedom from any signs or symptoms of a communicable including .

Staff A's file contained no evidence of testing and no statement from a health care provider documenting freedom from any signs or symptoms of a communicable including .

On at 10:10am, the Administrator stated Staff A's testing has not been done yet. On at 1:15pm, the Administrator acknowledged no testing in his record and both the Administrator and the Assistant Administrator acknowledged not having statements from a health care

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provider documenting freedom from any signs or symptoms of a communicable . . . . . including . . . . . .

Class III

0083 - Training - First Aid and . - 58A-5.0191(4) FAC

Based on record review and interview, the facility failed to ensure that a staff member who holds a currently valid card documenting completion of courses in . . . . , ... , ... (.) is in the facility (with 6 current residents) at all times.

Findings included:

On beginning at 9:45am, Agency staff reviewed three employee records of staff whose duties include providing direct care for facility residents. The Administrator's file contained an expired training certificate (valid . - .). The Administrator was the sole care provider in the facility upon entrance at 9:00am and confirmed that he is frequently the sole provider in the facility.

The Administrator reviewed his file on . . . at 1:00pm, acknowledged expired . certification, and stated he has not signed up for renewal class yet, but plans to do so.

Class III