

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964521	(X3) DATE SURVEY COMPLETED 10/30/2018
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

A monitoring inspection was conducted on at Rainbow Place, license #9052. The facility had a deficiency identified at the time of the survey.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review and interview, the facility failed to acquire sufficient fuel for its power generator to maintain a facility temperature at or below 81 degrees Fahrenheit for at least 48 hours after electrical power loss during a state of emergency.

The findings are:

In an observation on at 10:45am, there was an 8,000 watt portable power generator and four empty 5-gallon fuel containers stored in the entrance of the facility, located immediate outside of the facility's front door. In an observation on at 11:10am there were approximately eight empty 5-gallon fuel containers stored in the rear patio of the facility.

In an interview with the the caregiver on at 11:15am, she stated that she was presently the person in charge at the facility and that she did not know how to acquire fuel for the facility's power generator or how to operate the power generator in an event of the loss of primary electrical power to the facility.

In an interview with the Assistant Administrator on at 11:20am, she stated that there were 3 gallons of fuel in the facility available to operate the facility's power generator in an event of the loss of primary electrical power to the facility and this amount of fuel was not sufficient to operate the power generator for more than a few hours. She stated that the facility presently had an approved emergency management plan which required it to store enough fuel onsite to operate the power generator for 168 hours inside a locked fuel storage compartment and the facility did not follow this plan. She stated that the twelve 5-gallon fuel containers the facility acquired were empty and stored unsecured throughout the facility, including the patio and front entrance.

Review of the facility's approved emergency management plan dated on indicated that the facility needed to keep enough fuel stored onsite to operate the power generator for 168 hours inside a locked fuel storage compartment so as for the power generator to power the facility's spot cooler and window air conditioning unit. Further review of this plan indicated that the administrator was to ensure that the total supply of fuel as described be immediately available in the facility.

PRINTED: 11/14/2018
FORM APPROVED

AHCA Form 5000-3547
STATE FORM DSM411 If continuation sheet 2 of 2