STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965407	**05/28/2019**
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

A capacity increase survey was conducted at Rainbow Manor ALF (Assisted Living Facility) on . . . . Deficiencies were identified at the time of the survey.

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

Based on record review and interview, the facility failed to ensure 1 (Staff A) of 4 employee records reviewed had an eligible level II background screening at the time of their hire date.

Findings included:

Review of the Agency for Health care Administration (AHCA) Background Screening Clearinghouse Roster Website revealed that Staff A with a date of hire of as a Medication Technician/Caregiver did not have a level II background screening.

An attempted employee record review conducted on for Staff A with a date of hire of as a Medication Technician/Caregiver, revealed no documentation of having an eligible level II background screening.

During an interview conducted on at 11:42am, the Administrator confirmed that Staff A did not have an eligible level II background screening. The Administrator stated "No, not right now."

During an interview conducted on at 9:13am, Staff A confirmed that they didn't have an eligible level II background screening. Staff A stated "I don't."

During an interview conducted on at 11:42am, the Administrator confirmed that Staff A, who didn't have an eligible level II background screening was providing care to the residents. The Administrator stated "Staff A was providing care."

Unclassified