OKLAHOMA
State Department
of Health

Delivery via email to: CAubrey@mgmhealthcare.com

November 6, 2024

License Number: NH1904AL

Ms. Christy Aubrey, Administrator
Rainbow Health Care Community and Rainbow Assisted
111 East Washington
Bristow, OK 74010

RE: Survey Event ID: NHTL11

Dear Ms. Aubrey:

On **October 25, 2024**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on **October 25, 2024**.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template (attached). Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: **http://www.ok.gov/health**. This link opens the OSDH home page. To find the optional POC, **click on Services**, then **click on Long Term Care.** The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

(1) Address how corrective action will be accomplished for affected residents;
(2) Address how other residents with the potential to be affected will be identified;
(3) Address measures or systemic changes to ensure the deficiency will not recur;
(4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
(5) Include dates when corrective action and monitoring will be completed for each violation;
(6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts

a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files. Submit your plan of correction to: LTCEnforcement@health.ok.gov

In accordance with O.S. 63-1-895, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 calendar days from receipt of the State Form deficiency statement. Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review, conducted in a face-to-face, or virtual meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;

- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

If you have questions or need assistance, please feel free to send an email to LTCEnforcement@health.ok.gov or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NH1904AL	A. BUILDING: _____ B. WING _____	10/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW HEALTH CARE COMMUNITY AND RAINBO	111 EAST WASHINGTON BRISTOW, OK 74010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	INITIAL COMMENTS A relicensure survey was conducted from 10/24/24 through 10/25/24. Facility Census: 13 Listed below are abbreviations that will be used throughout this document. DON - director of nursing RN - registered nurse	C 000		
C 392 SS=E	310:663-3-8(b) FOOD STORAGE, PREPARTION AND SERVICE (b) Ice machines available to the residents, or the public, shall be dispenser type, or have a locking enclosure. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the door of the ice machine was clean. The DON identified 13 residents received ice from the ice machine. On 10/25/24 at 10:08 a.m., the ice machine was observed to have a red sticky substance on the front of the door. On 10/25/24 at 10:35 a.m., the DON was shown the front of the ice machine and stated it should have been cleaned.	C 392		

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C 921	Continued From page 1	C 921		
C 921 SS=E	310:663-9-2(a) MEDICATION STAFFING (a) Each assisted living center shall provide or arrange qualified staff to administer medications based on the needs of residents. Medications shall be reviewed monthly by a registered nurse or pharmacist and quarterly by a consultant pharmacist. This LEVEL B is not met as evidenced by: Based on observation and interview, the center failed to ensure medications were reviewed monthly by the RN or pharmacy consultant for six (#1, 2, 3, 4, 5, and #6) of six sampled residents reviewed for medications. The "Assisted Living Resident Condition and Care Overview" report, dated 10/24/24, documented 13 residents resided in the center. Findings: There was no documentation Resident #1, 2, 3, 4, 5, and #6's medications had been reviewed by an RN or pharmacist in 04/2024, 05/2024, 06/2024, 07/2024, 08/2024, 09/2024, or 10/2024. On 10/25/24 at 12:19 p.m., the DON stated the medication reviews had not been completed since April.	C 921		

OKLAHOMA
State Department of Health

Delivery via email to: bclifton@mgmhealthcare.com

November 27, 2024

License Number: NH1904AL

Mr. Bill Clifton, Administrator
Rainbow Health Care Community And Rainbow Assisted
111 East Washington
Bristow, OK 74010

RE: Survey Event NHTL11

Dear Mr. Clifton:

On **October 25, 2024**, a Licensure inspection was conducted at your Assisted Living Center facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and timely. **Our acceptance does not absolve the facility's responsibility** for compliance should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey have been corrected and you were in substantial compliance by **November 12, 2024**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

Plan of Correction

Rainbow Assisted Living

Cycle Start Date: October 25th, 2024.

Survey Event ID: NHTL11

Correction Date: 11/13/2024

The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged or conclusions outlined in the statement of deficiencies. The plan of correction prepared for these deficiencies was executed solely because provisions of State and Federal law require it.

1) Immediate Fix
2) Potential Residents Affected
3) System Changes
4) Monitoring/QAPI
5) DOC

C 392 Food Storage, Preparation and Service

1. A) The ice machine was cleaned immediately.
2. B) All residents have the potential to be affected by this deficient practice.
3. C) The AL DON completed a Inservice with AL staff on 10/28/2024.
4. D) The AL DON or designee will monitor the kitchen for cleanliness and sanitation three times a week for four weeks, then weekly for four weeks. The AL DON will continue to monitor monthly for ongoing compliance.

Monitored findings will be brought to the Monthly QAPI Meeting for review.

5. E) Date of Compliance 11/13/2024

C 921 MEDICATION STAFFING

1. A) The Physicians Monthly Order Summary was printed and signed by the RN, DON on 10/25/2024 for 13 residents.
2. B) All residents have the potential to be affected by this deficient practice.
3. C) The Monthly Summary Physicians Orders will be printed and reviewed monthly by the RN, Director of Nursing or by the facility MD/physician. An audit tool will be completed monthly to ensure completed.
4. D) The QA team will bring the audit tool to monthly QA meetings to ensure complete.
5. E) Date of Compliance: 11/13/2024

OKLAHOMA
State Department of Health

Delivery via email to: bclifton@mgmhealthcare.com; cpuckett@mgmhealthcare.com

December 9, 2024

License Number: NH1904AL

Mr. Billy Clifton, Administrator
Rainbow Health Care Community And Rainbow Assisted
111 East Washington
Bristow, OK 74010

RE: Survey Event NHTL12

Dear Mr. Clifton:

On **December 3, 2024,** an off-site paper revisit was conducted for your facility by this agency. The findings indicate that the deficiencies cited during your Relicensure survey on **October 25, 2024,** have now been corrected effective **November 13, 2024.**

If you have any questions concerning the information in this letter, please contact the Enforcement worker at (405) 426-8200.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NH1904AL	A. BUILDING: _____ B. WING _____	R 12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW HEALTH CARE COMMUNITY AND RAINBO	111 EAST WASHINGTON BRISTOW, OK 74010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 12/03/24. The facility was in substantial compliance.	{C 000}		

Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE