

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2024
NAME OF PROVIDER OR SUPPLIER Rainbow Health Care Community and Rainbow Assisted		STREET ADDRESS, CITY, STATE, ZIP CODE 111 East Washington Bristow, OK 74010	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>47751</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents were free from physical restraints which were not required to treat the resident's medical symptoms for one (#1) of two residents reviewed for restraints.</p> <p>The administrator identified 78 residents resided in the facility.</p> <p>Findings:</p> <p>A facility policy titled Physical Restraint , dated 07/26/23, read in part, .Policy: Physical Restraints are not to be used to limit Resident mobility for the convenience of staff .Procedure . Prior to using a Restraint, an evaluation of the Resident should be completed .A Physician's Order for a Restraint includes the type of least restrictive Restraint .The Restraint-Physical Restraint UDA and Restraint Consent UDA is completed prior to implementing a Restraint .The IDT Team evaluates continued need and use of the Restraint quarterly and as needed .</p> <p>Res #1 had diagnoses which included difficulty in walking, other abnormalities in gait and mobility, lack of coordination, mild intellectual disability, and arthropathy.</p> <p>An incident report, dated 03/03/23 at 3:24 a.m., documented Res #1 fell in the shower while undressing and sustained a five cm laceration to their left palm and thumb, and a abrasion to their left great toe.</p> <p>An annual assessment, dated 04/12/23, documented the resident's cognition was intact, had impaired speech, no presence of rejection of care was displayed, and required limited assistance with mobility and most ADLs. The assessment documented balance and transition was not steady, only able to stabilize with staff assistance, and frequently incontinent of both bowel and bladder.</p> <p>A nursing note, dated 06/02/23 at 8:58 p.m., documented staff were called to the room by the roommate stating they saw Res #1 fall. Res#1 was observed in the floor on his buttocks and the resident's right arm was scraped required first aid.</p> <p>A quarterly assessment, dated 12/06/23, documented the resident's cognition was intact, had impaired speech, no presence of rejection of care was displayed, required supervision with toileting and most all ADLs, and was frequently incontinent of both bowel and bladder.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 01/16/24 at 10:45 a.m., observed Res #1 resting with eyes closed lying back in their recliner with a rollator walker seat underneath the recliner's leg rest.</p> <p>On 01/16/24 at 11:03 a.m., CNA #1 was asked how often the rollator walker seat was placed underneath the recliner's foot rest. They stated they were told to place the rollator walker there any time the resident was seated in their recliner. While the CNA was in the resident's room, the resident was asked to demonstrate lowering the leg rest of the recliner. Res #1 was unable to lower the recliner. CNA #1 was asked if they considered the recliner to restrict the resident's movement. They stated, Yes. CNA #1 stated the resident turns on their call light and to ask staff to lower the foot of the recliner for them.</p> <p>01/16/24 at 11:32 a.m., CNA#2 was asked if the rollator walker was always kept at the end of the resident's recliner. They stated it was. They were asked if the resident was able to lower their recliner. CNA #2 stated No. They were asked if they considered the recliner to restrict the resident's movement. They stated they did.</p> <p>There was no documentation in the resident's clinical record of an evaluation for the restraint, physician order, or restraint consent form.</p> <p>01/16/24 at 1:15 p.m., the DON stated they assessed Res #1 and the resident was able to lower the recliner part of the way down. They stated the resident told them they climb over the recliner arm rest to go to the restroom.</p>