

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 06/17/2026
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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, record review, and interview, the facility failed to ensure food was not served beyond their expiration date. The administrator identified 84 residents received nourishment from the kitchen. Findings: On 06/15/26 at 12:38 p.m., the following observations were made during the tour of the kitchen: a. in the refrigerator, an opened one-gallon container of tartar sauce was observed to be dated 01/20/26, handwritten on the lid. The container had a manufacture date of 12/06/25, and b. in the walk-in cold storage, an unopened half-gallon container of buttermilk was observed with a best-by of 06/01/26. An unopened gallon container of whole milk was observed with a best-by date of 06/11/26. A policy titled Refrigeration, revised 08/21/24, read in part, Ensure food storage and safety practices are maintained and monitored and comply with Federal and State regulations governing food storage and safety. On 06/15/26 at 12:52 p.m., the dietary manager stated the tartar sauce should have been disposed of long ago. The dietary manager stated expired milk products were to be placed in a crate with tape over it to indicate they were expired. The dietary manager stated the expired milk products were not in a crate with tape over it to indicate they were expired.		

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