STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375320	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rainbow Health Care Community and Rainbow Assisted	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 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation and interview, the facility failed to ensure the most recent survey results of the facility were posted in a place readily accessible to residents, family members and legal representatives of residents.The DON reported 75 residents resided at the facility.Findings:On 07/23/25 at 10:52 a.m., the survey results binder was observed to be sitting on the ledge of a half wall between the receptionist's desk and the common room used for activities. A small end table, a soda machine, and a large circular dinner table were blocking access to the binder on one side, and the other side was only accessible from behind the receptionist's desk. On 07/23/25 at 10:46 a.m., all four residents that attended the resident council meeting stated they did not know anything about the survey results binder, nor did they know where to find it, but they would be interested in reading the results. On 07/23/25 at 10:54 a.m., the administrator stated someone had not moved the table back to its correct position after the residents completed their exercise activity at 10 a.m. The administrator stated most activities were done in that area and the large circular table would need to be moved against the wall to provide enough space. The administrator stated residents could go behind the receptionist's desk to gain access to the binder.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, record review, and interview, the facility failed to ensure a controlled medication was secured in a locked container that was permanently affixed to the building for 1 (#14) of 1 sampled resident reviewed for medication storage.The DON reported 75 residents at the facility were administered medications at the facility.Findings:On 07/23/25 at 1:00 p.m., CMA #3 was observed entering the facility medication storage room while the surveyor was conducting their inspection inside the room. CMA #3 was observed opening a refrigerator unit. A small black lock box approximately 7 inches square and 2 inches deep was observed inside the unit. The refrigerator door did not have a lock on it.On 07/24/25 at 12:00 p.m., CMA #1 was observed to enter the facility medication storage room, opened the refrigerator which contained the small black lockbox. The CMA was observed to be able to remove the lockbox from the refrigerator as the lockbox was not secured to the refrigerator by any means.A facility policy titled Medication Storage in the Facility, dated 2024, read in part, Medications and biologicals are stored safely, securely, and properly following manufacturer's recommendations or those of the supplier.A facility document titled Individual Patients Narcotic Record, showed Resident #14 had a supply of 10 Lorazepam concentrate 2mg per milliliter syringes available at the facility. The document also had the handwritten word, Fridge, located in the upper right corner of the document.On 07/24/25 at 12:30 p.m., LPN #1 was asked to open the small black lockbox stored in the refrigerator located in the facility medication storage room. LPN #1 obtained the lockbox and opened it. They stated the lockbox contained 10 prefilled Lorazepam (a benzodiazepine) syringes that belonged to Resident #14. LPN #1 was asked who had keys to the lockbox. They stated the charge nurse on duty had keys to the lockbox. They were asked who had access to the medication room and the contents of the refrigerator. LPN #1 stated the nurses and CMAs on duty had access to the medication room and the refrigerator.On 07/24/25 at 3:00 p.m., the DON was asked to explain the system in place to secure Resident #14's Lorazepam supply located in the medication room. They stated the medication room was locked and they believed either the refrigerator, or the small lockbox had a lock on them but were not sure which. The DON stated they were unaware of the necessity of container which held controlled medications needed to be permanently affixed. The DON stated they agreed the black lockbox that contained the Lorazepam was small and easy to conceal and carried away.