

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  37E204	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/08/2025
NAME OF PROVIDER OR SUPPLIER  Rainbow Terrace Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  300 West 9th Street Weleetka, OK 74880	

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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>33097</p> <p>Based on record review and interview, the facility failed to ensure a referral was made to the LOCEU for one (#18) of three sampled residents reviewed for PASSARs.</p> <p>The DON identified five residents with a PASSAR level II after a referral to the LOCEU.</p> <p>Findings:</p> <p>Resident #18 had diagnoses which included delusional disorderes and major depressive disorders.</p> <p>A PASSAR level I, dated 05/25/21, documented the resident had a diagnosis of a serious mental illness. The form documented a referral was to be made to the LOCEU for consultation.</p> <p>On 01/07/25 at 12:08 p.m., the DON reviewed the resident's PASSAR level I and stated per the documentation a PASSAR level II referral should have been made to the LOCEU. The DON stated per documentation a referral had not been completed.</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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>46703</p> <p>Based on record review and interview, the facility failed to ensure RN coverage for eight consecutive hours seven days per week.</p> <p>The administrator identified 29 residents resided in the facility.</p> <p>Findings:</p> <p>The work schedule for July 2024 through August 2024 documented no RN coverage for 7/12, 8/6, 8/16, 8/17, 8/18, 8/23, 8/24, 8/25, 8/29, and 8/30.</p> <p>On 01/08/25 at 12:46 p.m., the DON stated in July and August they were short staffed on RNs and did not have RN coverage every day.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>33097</p> <p>Based on observation, record review, and interview, the facility failed to follow infection control practices during a mediation pass and failed to ensure EBP was followed during wound care for one (#11) of one sampled resident observed during wound care.</p> <p>The DON identified 29 residents who resided in the facility and four residents who were on enhanced barrier precautions.</p> <p>Findings:</p> <p>A document titled Medical Glove Policy and Procedure, read in parts The purpose of this policy is to establish guidelines for the proper use of medical gloves in order to prevent the transmission of infections and ensure the safety of residents and healthcare workers .Change gloves between tasks and procedures on the same patient to prevent cross-contamination.</p> <p>A document titled Policy and Procedure: Enhanced Barrier Precautions, read in parts Enhanced Barrier Precautions (EBPs) is a Centers for Disease Control and Prevention (CDC) recommendation to provide guidance for use of personal protective equipment (PPE) in facilities for preventing the spread of multi-drug resistant organisms (MDROs) .The facility may choose to implement enhanced barrier precautions to include any resident with an indwelling medical device or wound .appropriate signage for type of precaution will be posted on room door .Isolation cart containing appropriate PPE and hand sanitizer will be readily accessible for use .The IP/Designee will provide staff, residents and/or resident representatives with education regarding the purpose of enhanced barrier precautions.</p> <p>1. On 01/07/25 at 7:10 a.m., LPN #1 was observed preparing a medication administration for a resident. The LPN donned a pair of gloves, opened cart drawers, obtained medication from different medication bottles and packages, and turned pages on the paper MAR. Using the same gloved hands the LPN prepared to crush the medications by placing the tablet/capsule each time in their gloved hand, then placed the medication in a plastic envelop to crush.</p> <p>On 01/07/25 at 7:23 a.m., the LPN #1 stated they should not have placed the tablet/capsule in their unclean gloved hand. The LPN stated they should have changed their gloves and washed their hands between tasks and touching unclean surfaces.</p> <p>On 01/08/25 at 1:13 p.m., the DON stated LPN #1 should have washed their hands and changed gloves between tasks.</p> <p>46703</p> <p>2. On 1/08/25 at 8:00 a.m., LPN #1 washed their hands and donned gloves, but did not wear a gown. Resident #11's covers were removed and they were rolled onto their right side revealing a dime sized open area on the left buttocks. LPN #1 cleansed the open area with wound cleanser and applied lanolin.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 1/08/25 at 8:10 a.m., LPN #1 stated they had never worn a gown to perform wound care only gloves. They stated they were not aware of an enhanced barrier precautions policy.</p>

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>33097</p> <p>Based on record review and interview, the facility failed to have an antibiotic stewardship program with a system to monitor antibiotic use for the residents.</p> <p>The DON identified five residents who were currently receiving an antibiotic medication.</p> <p>Findings:</p> <p>A policy titled Antibiotic Stewardship, read in part The purpose of our Antibiotic Stewardship Program is to monitor the use of antibiotics in our residents.</p> <p>On 01/07/25 at 2:53 p.m., the DON stated there had been no documented infection control monitoring completed since November 2023. The DON stated they were not aware they were responsible for infection control or antibiotic stewardship monitoring. The DON stated there was no tracking/ monitoring for the use of antibiotics in the facility.</p>