OKLAHOMA
State Department
of Health

Delivery via email to: ryan.alsup@mgmhealthcare.com

February 7, 2025

License Number: NH1904AL

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

Survey Event ID: TTDB11

Dear Mr. Alsup:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **January 30, 2025**. No deficiencies were cited. Oklahoma Statutes require that this report be made available for public inspection within the facility for the next three years.

If you have any questions concerning this report, please call me 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

INVESTIGATIVE REPORT

Facility: **Rainbow Health Care Community and Rainbow Assisted Living**
Address: **111 East Washington**
City, State, Zip: **Bristow, OK. 74010**
Provider #: **CC1901**
Complaint #: **OK00076507**
Investigation Date: **01/29/25 through 01/30/25**

ALLEGATION(S)
1. The center failed to have and/or implement an effective infection control program to prevent the spread of infection.

An unannounced on-site investigation was initiated 01/29/2025 at 10:30 a.m.

A sample of three participants, including any identified participants, was selected for the investigation based on the concerns relevant to the allegation(s).

The investigation was conducted following standards set by the statutes, rules and regulations of the State of Oklahoma utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation: A tour of the facility was conducted upon entrance into the center. Residents were observed for respiratory illness. Water was tested. Staff were observed for infection control practices. Records reviewed included: Residents health records, maintenance records, third party water testing logs, and infection control tracking and trending. Staff were interviewed regarding the centers policies and procedures for tracking and preventing the spread of infections.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 02/06/2025

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 _____	C 01/30/2025

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 complaint investigation (#OK00076507) was conducted from 01/29/25 through 01/30/25. No deficiencies were cited. Facility Census: 14	C 000		

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