Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 01G011	**(X3) Date Survey Completed** 10/08/2025
Name of Provider or Supplier Rainbow Omega, Inc,	**Street Address, City, State** 202 Hope Drive, Eastaboga, AL	

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

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
K0000	K3 Building: 0101 K6 Plan Approval: 2006 K7 Survey Under: 2012 Existing K8 ICF/IID Small Generator: One Diesel, Katolight 125 kW (installed 2007, with remote manual stop station on outside of the generator housing) FACP: Firelite ES-200X (installed 2021) Locking Devices: 15 Second Delayed Egress (all doors except kitchen exterior door) Smoke Detection: Corridor Beds: 16 Census:15 Type of Structure: 2006 one story unprotected wood frame, Type V(000). The facility has a complete automatic sprinkler system with a sprinkler pit. The facility is surveyed under impractical to evacuate. During a routine recertification survey conducted on this date, the requirements of 42 CFR, Subpart 483.470 were not met as evidenced by the following deficiencies of the 2012 NFPA 101 Life Safety Code (LSC), the 2012 NFPA 99 Health Care Facilities Code and the standards referenced by these codes, as observed by the LS Surveyors while accompanied by the facility maintenance personnel.