

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/02/2006  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>04A145</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/16/2005</b>
NAME OF PROVIDER OR SUPPLIER  <b>YELL COUNTY NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>502 WEST PENNINGTON OLA, AR 72853</b>	
(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) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 371 SS=F	<p>Complaint #10460, substantiated (all or in part) with a deficiency cited at F371.</p> <p>483.35(h)(2) SANITARY CONDITIONS - FOOD PREP &amp; SERVICE</p> <p>The facility must store, prepare, distribute, and serve food under sanitary conditions.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Complaint #10460, substantiated (all or in part) in these findings.</p> <p>Based on observation, the facility failed to ensure that proper handwashing was conducted during food handling and preparation to prevent the potential of cross-contamination. This failed practice had the potential to affect 47 residents who received food from the kitchen according to the Diet List dated 8/15/05. The findings are:</p> <ol style="list-style-type: none"> <li>On 8/15/05 at 4:25 p.m., the owner of the facility entered the kitchen through the back door. Without washing his hands, the owner went into the storeroom, picked up a container of food thickener, entered the kitchen with the food thickener, took a plastic bag from a drawer and poured the food thickener in the bag, then placed it in a bag.</li> <li>On 8/16/05 at 9:40 a.m., the owner donned gloves, removed plastic packaging from the ham, threw the packaging into an opened trash can, touched the rim of the inside of the trash can with the gloved hand to move the trash can out of the</li> </ol>	F 371		9/2/05

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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F 371	Continued From page 1 way, returned to slice the ham for lunch without washing his gloved hands or changing gloves. The owner sliced three slices of ham, then used the same gloves, took a thin sheet of paper and placed the paper on the scales to weigh the ham.  3. On 8/16/05 9:50 a.m., the owner lifted the garbage can by the rim with the same gloved hand, moved the can to the side, then took butcher paper and put it over the candied yams and the sliced ham.	F 371			