STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045247	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stella Manor Nursing and Rehabilitation Center	400 North Vancouver Avenue Russellville, AR 72801

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and facility policy review, it was determined that the facility failed to ensure food was stored and prepared in sanitary conditions for one of one kitchen. The findings include: During an observation and concurrent interview with Dietary Aide (DA) #1 on 06/08/2026 at 12:15 PM, the following were observed: -Gray particles in the air under the fan and dark gray matter on the ceiling above the fan. Debris becoming dislodged from the ceiling was seen settling in the vicinity of food preparation areas. -A partially used, opened box of frozen meat patties (approximately 30) were noted to be stored without a received, or an opened date. -A box of garlic bread sticks were observed to be opened, and the plastic bag inside was not sealed, leaving the bread sticks exposed to air or contaminants. -One container of Italian seasoning with an opened date of 05/15/2025 and a use by date of 05/15/2026. DA #1 described the airborne gray particles as being dust. DA #1 indicated that the patties should have had a received date and an open date and the breadsticks should be stored in a closed bag. DA #1 also indicated that all the spices on the shelf were ready for staff to use in preparing meals for residents. During an interview on 06/10/2026 at 10:50 AM, the Dietary Manager (DM) indicated everyone who worked in the kitchen was responsible for cleaning the freezer, and sometimes tools were obtained from Maintenance to clean the fan cover. The DM revealed there was no schedule to clean the freezer. The DM also indicated that the garlic bread found opened should have been closed and sealed to help prevent freezer burn and the partially used box of hamburger meat patties should have been stored with a received date and an open date. The DM indicated that [if sealed properly] to not expose the residents to the risk of acquiring a food-borne illness the patties could have been used 30 days after the opened date, or up to one year after the received date. During an observation and concurrent interview on 06/10/2026 at 10:55 AM, this surveyor observed the [NAME] performing a temperature check on pureed lasagna. The [NAME] then put an alcohol wipe package to his mouth, tore the alcohol package open with his teeth, touched both the package and the wipe, wiped the thermometer with the alcohol pad, then performed a temperature check on pureed zucchini by placing the thermometer into the middle of the pan. This survey asked the [NAME] if he had put the wipe in his mouth to tear the package open and he answered yes. The [NAME] was not observed to perform hand hygiene after touching the wipe and package. The DM was made aware (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045247	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stella Manor Nursing and Rehabilitation Center	400 North Vancouver Avenue Russellville, AR 72801

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	of the observation. The pureed food was served to six residents. During an interview on 06/10/2026 at 11:45 AM, the DM indicated the Italian seasoning was on the shelf ready for use, past the best by date of one year from opening. The DM also indicated that her process for ensuring compliance with food storage and preparation was randomly observing activities. During an interview on 06/10/2026 at 11:47 AM, the [NAME] indicated that he should not have torn the alcohol wipe package with his teeth and should have performed hand hygiene before obtaining temperatures on more food. During an interview on 06/11/2026 at 8:29 AM, the Infection Preventionist (IP) indicated that after the [NAME] put the alcohol wipe in his mouth, used it on the temperature probe, and put the probe into the zucchini, the zucchini should not have been served to the residents. During a follow-up interview on 06/11/2026 at 10:48 AM, the DM indicated that on 06/10/2026, during the temperature checks of the pureed foods, after putting the wipe in his mouth to tear the package open, the [NAME] should have stopped and not put the temp probe into the zucchini. In addition, the DM indicated that the zucchini should have been discarded, hand hygiene performed, and the zucchini remade. The DM indicated that a result of not performing hand hygiene and using a wipe that had been in the Cook's mouth could be exposing the residents to cross-contamination. Review of a facility policy titled, Handling, Serving, and Transporting Foods dated 05/15/2020, revealed a clean, sanitized thermometer is to be used to check the temperature of foods, and a probe wipe or a sanitizing system would be used to clean in between readings. Review of a facility policy titled, Food Storage dated 11/25/2019, revealed food storage areas are to be clean and free of dirt. Review of a facility policy titled, Receiving Foods dated 02/14/2019, revealed all food items are to be labeled with the date of delivery. Review of a facility policy titled, Handwashing and Glove Usage in Food Service dated 2016, revealed food handlers must wash their hands after touching their face. Review of a facility kitchen staff in-service titled Handling Serving food dated 03/02/2026, revealed that a clean, sanitized thermometer is to be used to check temperatures of foods and to clean the thermometer in between readings with a probe wipe or Sanitizing system.