

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045370	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Alma Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Heather Lane Alma, AR 72921	

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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>03508</p> <p>Based on observation, record review, and interview, the facility failed to ensure meals were prepared and served according to the planned written menu to meet the nutritional needs of the residents for 1 of 1 meal observed. This failed practice had the potential to affect residents 6 residents on pureed diets and 21 residents on fortified food who received pureed diets from 1 of 1 kitchen according to a list provided by the Dietary Manager.</p> <p>The findings are:</p> <ol style="list-style-type: none"> 1. On 8/20/2024, a facility lunch menu indicated residents on pureed diets were to receive two #8 scoops of pureed chicken with bun, and residents on mechanical soft diets were to receive three ounces of chicken and two slices of bun. 2. On 8/20/2024 at 4:54 PM, the Dietary [NAME] (DC) used a #30 scoop equivalent to 1.25 ounces to serve a single portion of ground breaded fried chicken to the residents on mechanical soft diets, instead of 3 ounces as ordered. 3. On 8/20/2024 at 4:56 PM, DC used a # 8 scoop equivalent to 0.5 cup to serve a single portion of pureed breaded fried chicken breast to the residents on pureed diets, instead of two #8 scoops. 4. On 8/20/2024 at 5:41 PM, the DC was asked what scoop she used when serving mechanical soft meat to the residents on mechanical soft diets and residents on pureed diets, and how many servings she gave. The DC stated, I used #30, the black scoop, and I gave a single serving each, except if the tray card states otherwise and I used the gray scoop #8 and I gave a single serving each The DC was asked if she looked at the menu before serving supper meal. The DC stated, I did. I should have given two #8 scoops and used the right scoop for the ground meat.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 03508</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure dietary staff washed their hands before handling clean equipment to prevent potential food borne illness for residents who received meal trays from 1 of 1 kitchen, the ice machine was maintained in clean and sanitary condition, and expired dressing products were promptly removed/discarded on or before the expiration or use by date to prevent the growth of bacteria. The failed practices had the potential to affect 74 residents who received meals from the kitchen (total census: 74), as indicated on a list provided by the Dietary Manager.</p> <p>The findings are.</p> <ol style="list-style-type: none"> 1. On [DATE] at 4:50 PM, the Dietary [NAME] picked up tray cards and placed them on the trays, contaminating her hands. Without washing her hands, she picked up clean plates from the plate warmer and placed them on the trays to be used in portioning food items to be served to the residents with her thumb inside of them. 2. On [DATE] at 4:58 PM, the Dietary [NAME] opened the oven door, removed a baked potato, and placed it on the plate. The Dietary [NAME] then picked up tray cards and placed them on the trays, contaminating her hands. Without washing her hands, she took clean plates from the plate warmer and placed them on the trays to be used for portioning food items to be served to the residents for supper meal. 3. On [DATE] at 5:46 PM, the areas above the ice machine panel where ice touched before dropping to the ice collector had a wet black residue collected on it. It was pointed out to the Dietary Manager and asked if the residue build up could be wiped off. She used tissue paper and wiped it off. The wet black residue easily transferred to the tissue. The Dietary Manager was asked who used the ice from the ice machine and how often they cleaned it. She stated, The maintenance man cleans it once a month. CNAs (certified nursing assistants) use it to fill beverages served to the residents at mealtimes and used it for the water pitchers in the resident's rooms. 4. On [DATE] at 8:35 AM, the following expired dressings were in a basket inside the refrigerator on a shelf in the dining room on the 400 Hall. <ol style="list-style-type: none"> a. A packet of Italian dressing had expiration date of [DATE]. b. A packet of Italian dressing had expiration date of [DATE]. 5. A review of a facility policy titled, Food safety-infection control Handwashing undated, provided by the Administrator on [DATE], indicated, We are responsible for ensuring we are not transmitting disease through direct contact. Diseases transmitted through food frequently originate from an infected food handler. Avoid touching the eating surfaces of plates. Engaging in any activities that may contaminate hands. 		