

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045386	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Ozark Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  600 North 12th Street Ozark, AR 72949	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50924</p> <p>Based on observations, interviews, and facility policy review, it was determined the facility failed to ensure kitchen equipment used during meal preparation and service was kept clean and uncontaminated to prevent the spread of illness with the potential to effect 76 residents served from the 1 of 1 kitchen reviewed for food preparation and service.</p> <p>Findings include:</p> <p>A review of the facility's undated policy titled Handwashing and glove usage in food service, indicated Food handlers must wash hands after touching dirty equipment and work surfaces.</p> <p>During an observation on 08/11/2024 at 12:30 PM, [NAME] #2 touched the green pea ladle scoop to the ladle handles of the cauliflower and pureed green peas resting in the two right adjacent containers of the stem table while plating resident food. The green pea ladle was then placed back in the container of green peas and continued to be used for plating of resident food without being washed and sanitized.</p> <p>During an interview on 08/11/2024 at 1:00 PM, Registered Dietician (RD) #1 agreed the ladle for the green peas was considered dirty after contact with the ladle handles of the other vegetables and once placed into the food it was contaminated.</p> <p>During an observation on 08/13/24 at 11:00 AM, [NAME] #3 removed the bowl scrapper attachment of the food processor with the left hand and placed it on the countertop, added pork chops to the bowl for processing, then replaced the bowl scrapper with the left hand in the bowl of food without being washed and sanitized.</p> <p>During an interview on 08/13/24 at 11:15 AM, [NAME] #3 was initially unable to recall the incorrect handling of the bowl scrapper attachment, but acknowledged a tray was added as a barrier to the counter surface and tongs were utilized for handling of the scrapper attachment.</p> <p>During an interview on 08/14/24 at 2:45, the Administrator stated no written policy for washing and sanitizing food preparation equipment, utensils, or surfaces was currently in place, but provided new re-education in-service statement dated 08/13/24 conducted by RD #1 and Dietary Manager #4. Inservice for procedure stated Make sure service end does not touch handles of another scoop or other surface. Any item that will be touching food cannot be placed on a dirty surface</p>

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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