

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

PRINTED: 03/20/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/12/2008
NAME OF PROVIDER OR SUPPLIER BYRD HAVEN NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 105 SO COLLEGE SEARCY, AR 72143	
(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=C	<p>483.35(i)(2) SANITARY CONDITIONS - FOOD PREP & 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: Based on observation, the facility failed to ensure dietary employees followed proper handwashing procedures to prevent the potential for contamination. This failed practice had the potential to affect 71 residents in the facility who were served meals from the kitchen, according to the Diet List dated 3/11/08. The findings are:</p> <p>1. On 3/11/08 from 10:00 a.m. until 10:30 a.m., Dietary Employee (DE) #1 washed dishes by scraping the dishes and running them through the dish machine from the dirty side, then proceeded to the clean side and removed and stacked plastic trays, plastic plate holders and plastic plate lids, without changing gloves or washing gloved hands.</p> <p>On 3/11/08 at 10:15 a.m., when asked to stand and watch DE #1, Certified Dietary Manager (CDM) #1 went over and explained to the DE the need to discard gloves or wash gloved hands when moving from the dirty side to removing and storing dishes on the clean side.</p> <p>The DE removed the gloves, continued to wash dirty dishes and run them through the dish machine. Then, without washing his hands,</p>	{F 371}		

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 removed and stored the clean china. 2. On 3/11/08 at 10:30 a.m., CDM #2 was asked to stand and watch DE #1. She went over and asked the DE to wash his hands, before removing the clean dishes and storing them. The DE washed dirty water pitchers that had come from the residents rooms. One rack of clean pitchers were stored to dry, without washing his hands, after loading dirty pitchers. 3. On 3/11/08 at 11:05 a.m., DE #2 washed her hands, pulled a paper towel, dried her hands, turned the faucets off with the paper towel, then took the same paper towel, continued to dry her hands and wiped her mouth with the paper towel. The DE then balled the paper towel up in her hands, before donning plastic gloves. With gloved hands she picked up slices of loaf bread and placed them in paper bags for lunch.	{F 371}			
{F 458} SS=B	483.70(d)(1)(ii) RESIDENT ROOMS Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms. This REQUIREMENT is not met as evidenced by:	{F 458}		2/23/08	