

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN1701	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  10/14/2015
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NAME OF PROVIDER OR SUPPLIER  BELLS NURSING AND REHABILITATION CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 213 HERNDON DRIVE BELLS, TN 38006
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(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) COMPLETE DATE
N 765	<p>1200-8-6-.06(9)(i) Basic Services</p> <p>(9) Food and Dietetic Services.</p> <p>(i) Food shall be protected from dust, flies, rodents, unnecessary handling, droplet infection, overhead leakage and other sources of contamination whether in storage or while being prepared and served and/or transported through hallways.</p> <p>This Rule is not met as evidenced by: Type C Pending Penalty #22</p> <p>Tennessee Code Annotated 68-11-804(c)22: Food shall be protected from dust, flies, rodents, unnecessary handling, droplet infection, overhead leakage and other sources of contamination, whether in storage or while being prepared and served and/or transported through hallways.</p> <p>Based on observation and interview, the facility failed to ensure food was not expired and the pans did not have carbon build-up on 1 of 3 (10/12/15) days of observation.</p> <p>The findings included:</p> <p>Observations in the kitchen on 10/12/15 at 8:10 AM, revealed 8 cartons of Activia with an expiration date of 10/8/15.</p> <p>Interview with the Certified Dietary Manager (CDM) #1 on 10/12/15 at 8:14 AM, CDM #1 was asked if the Activia was expired. The CDM #1 stated, "Yes, it is."</p> <p>Observations in the kitchen on 10/12/15 at 8:15 AM, revealed 2 frying pans and 3 baking sheets with carbon build-up.</p>	N 765	<p>N765 1200-8-6-.06(9)(i) Basic Services</p> <p>(9) Food and Dietetic Services.</p> <p><b>Requirement:</b> The facility must-</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions.</p> <p><b>Finding:</b></p> <p>1. Observations in the kitchen on 10/12/15 at 8:10 AM, revealed 8 cartons of Activia with an expiration date of 10/8/15. 2. Observations in the kitchen on 10/12/15 at 8:15 AM, revealed 2 frying pans and 3 baking sheets with carbon build-up.</p> <p><b>Corrective Action:</b></p> <p>1. On 10/12/15, 8 cartons of Activia with an expiration date of 10/8/15 were discarded.</p> <p>Expiration dates will be monitored upon delivery of products to the facility. The dietary manager or designee will audit dairy products twice daily and will report effectiveness to the performance improvement nurse for 3 months. Therein, audits will be ongoing to maintain compliance.</p> <p>2. On 10/12/15, the 2 frying pans and 3 baking sheets were cleaned thoroughly.</p> <p style="text-align: right;">continued on next page</p>	

Division of Health Care Facilities  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Craig B. Laman*

TITLE

ADMINISTRATOR

(X6) DATE

10-29-15

STATE FORM

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Continuation sheet 1 of 2

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Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TN1701</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/14/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BELLS NURSING AND REHABILITATION CENT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>213 HERNDON DRIVE BELLS, TN 38006</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) COMPLETE DATE	
N 765	Continued From page 1  Interview with the CDM #1 on 10/12/15 at 8:15 AM, CDM #1 was asked if that was carbon build-up on the pans. The CDM #1 stated, "Yes, we are not allowed to use [named chemical product]. It was too strong to have in the kitchen."	N 765	The dietary manager and/or designee will conduct an audit weekly to monitor for carbon build-up on pots and pans. Pots and pans will be cleaned as necessary in order to prevent carbon build-up to maintain compliance.  The dietary manager or designee will report effectiveness quarterly for 2 quarters to the Performance Improvement Committee. <b>FOR CLARIFICATION PURPOSES: The Performance Improvement committee consists of Medical Director, Administrator, Director of Nursing, Performance Improvement Nurses, Staff Trainer, Therapy, Dietary, Social Services, Housekeeping, Maintenance and Activities Coordinator. Different members of the committee will participate depending on the nature of the audit.</b>  Completion Date: October 12, 2015	10/12/15	

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