

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN2801	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  08/07/2013
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NAME OF PROVIDER OR SUPPLIER  ARDMORE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 25385 MAIN STREET ARDMORE, TN 38449
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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
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N 767	<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 or transported through hallways.</p> <p>Based on policy review, observation and interview, it was determined the facility failed to ensure the Dietary Manager (DM) prepared, stored and served food under sanitary conditions as evidenced by not covering his facial hair on 2 of 3 (8/6/13 and 8/7/13) days of the survey.</p> <p>The findings included:</p> <p>Review of the facility's "STAFF ATTIRE" policy documented, "...The Nutritional Services Director that all staff members have their... facial hair properly restrained..."</p> <p>Observations in the kitchen on 8/6/13 at 8:00 AM and on 8/7/13 at 2:30 PM, the DM did not have a covering over his mustache, while providing a</p>	N 767	<p>N 767</p> <p>Any persons entering the kitchen with facial hair is provided an appropriate beard restraint provided by the facility. A beard restraint has been worn by the dietary manager (being the only current employee with facial hair) since the identification of the issue on 8/7/2013.</p> <p>In order to identify further any residents at potential risk, the facility administrator or designee will visually inspect 3 X per week at random intervals X 4 weeks to ensure that all persons in the kitchen are wearing appropriate beard restraints if required.</p> <p>The facility administrator completed re-education with the Dietary Manager on 8/13/13 regarding the purpose of wearing beard restraints, the potential risk of the Audit results will be reviewed by the failure to wear appropriate beard restraints, the provision of beard restraints by the facility, and the expectation that beard restraints are to be worn at all times.</p> <p>The center will ensure ongoing compliance with the Administrator or designee visually inspecting 4 X per month at random intervals X 3 months to ensure that all persons in the kitchen are wearing appropriate beard restraints if required.</p>	
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Division of Health Care Facilities  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Christine Tysoff*

TITLE  
*Administrator*

(X6) DATE  
*8/21/13*

Division of Health Care Facilities

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N 767	Continued From page 1 tour of the kitchen.  During an interview in the Administrator's office on 8/7/13 at 3:30 PM, the Administrator was asked what was expected of kitchen staff with facial hair. The Administrator stated, "Should wear a beard and/or mustache covering."	N 767	Performance Improvement Committee monthly X 3 and further as needed. The Performance Improvement committee consists of the Administrator, Medical Director, Director of Nurses, Unit Manager, Health Information Manager, Business Office Manager, Social Services, Maintenance Director, Recreation Director, and Director of Food Services. Ongoing audits will be determined as needed by the PI committee.  Date of Compliance	9/5/13
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