

RECEIVED
FEB 02 2016

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 01/12/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ARDMORE HEALTH AND REHABILITATION CE	STREET ADDRESS, CITY, STATE, ZIP CODE 25385 MAIN STREET ARDMORE, TN 38449
---	---

(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 policy review, observation, and interview, the facility failed to prepare and serve food under sanitary conditions as evidenced by 3 of 4 Dietary Workers (DW #1, 2, and 3) did not have their hair covered. This could potentially affect 45 residents receiving a tray from the kitchen of the 45 residents residing in the facility.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. The facility's "Preventing Foodborne Illness-Employee Hygiene and Sanitary Practices" policy documented that "...Hair nets... must be worn to keep hair from contacting exposed food..." 2. Observations in the kitchen on 1/10/16 at 10:38 AM, revealed DW #1 did not have all her hair covered. 	N 765	<ol style="list-style-type: none"> 1. The dietary staff was in serviced on the proper way to wear their hair net by 1-12-2016 by the Dietary Manger. The staff members were inspected for compliance on 1-12-2016. 2. All residents could potentially be affected by this deficient practice. All dietary staff were in serviced by 1-12-2016 on how to properly wear their hair net and provided with a mirror in the kitchen so that they can do a self inspection throughout the day by the Dietary Manager. 3. The Dietary Manager will conduct three inspections a week to ensure compliance for four weeks and weekly for three months to ensure that hairnets are worn properly and all hair is contained in the hair net. 	1-29-2016

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

Brenden R. Whiteside

TITLE

Administrator

(X6) DATE

1-29-16

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 01/12/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ARDMORE HEALTH AND REHABILITATION CE	STREET ADDRESS, CITY, STATE, ZIP CODE 25385 MAIN STREET ARDMORE, TN 38449
---	---

(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>Continued From page 1</p> <p>3. Observations in the kitchen on 1/10/16 at 4:45 PM, revealed DWs #2 and 3 did not have all their hair covered.</p> <p>4. Interview with the Dietary Manager (DM) on 1/10/16 at 4:46 PM, in the kitchen, when the DM was asked if the dietary workers' hair was completely covered. The DM stated, "No."</p>	N 765	<p>4. The Administrator or Maintenance Director will compile the audit results and present to the monthly Quality Assurance Performance Improvement Committee (Members include: Committee Chairperson – Administrator; Director of Nursing; Assistant Director of Nursing; Medical Director; Dietary Director; Pharmacy Representative; Social Services Director; Activities Director; Environmental Director/ Safety Representative; Infection Control Representative/Staff Development Coordinator; Rehabilitation Director; and Medical Records Director.) for 4 months for further recommendations and/or follow up as needed.</p>	

RECEIVED

FEB 02 2016