

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

PRINTED: 08/29/2016
FORM APPROVED
OMB NO. 0938-0381

45th 10/08/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2016
NAME OF PROVIDER OR SUPPLIER BEVERLY PARK PLACE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 5321 BEVERLY PARK CIRCLE KNOXVILLE, TN 37918	

(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 371 SS=F	<p>483.35(I) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (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>This REQUIREMENT is not met as evidenced by: Based on policy review, observation, and interview, the facility failed to ensure serving pans were free of dried food debris for 1 of 3 two inch hotel pans and 2 of 3 two inch colander pans observed, failed to store kitchen utensils under sanitary conditions, and failed to dispose of out of date milk products affecting 101 of 104 residents.</p> <p>The findings included: Review of the facility policy Dish and Utensil Procedure, not dated, revealed "...Any dish or utensil with debris should not be used..." Review of the facility policy Pots and Pans-Sanitizing Solution, revised 7/12/18, revealed "...Pots and pans need to be free of...buildup..." Review of the facility policy Food Storage, not dated, revealed "...Use "use-by-dates" on all food stored in refrigerators..." Observation of the kitchen with the Dietary</p>	F 371	<p>F-371</p> <p>1. The out of date milk was removed from the cooler by the dietary director on 8-22-16 and placed in the designated area for out of date items. The pans identified with dried food debris were removed by the dietary director and washed on 8-22-16. All utensil storage containers in use were changed out by the assistant dietary director on 8-22-16.</p> <p>2. A 100% audit of clean pans was conducted by the dietary director on 8-22-16. No other pans were identified to have dried food debris. A 100% audit of utensil storage containers was conducted by the assistant dietary director on 8-22-16. No other utensil storage containers were identified to be unsanitary. A 100% audit of the walk in cooler was conducted by the dietary manager on 8-22-16. No other out of date products were identified.</p> <p>3. Dietary Staff were in-serviced by the dietary director on 08-22-16 on out of date food products, dirty pans and unsanitary utensil storage containers.</p> <p>4. The walk in milk cooler will be audited 2x weekly x 3 months for out of date items by dietary staff. 100% of the pans in the dietary department will be audited for dried food debris 2x weekly x 3 months by the dietary staff. 100% of the utensil storage containers will be audited for sanitary conditions 2x weekly x 3 months by dietary staff.</p>	8-15-16

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Nicole Williamson TITLE: administrator (X6) DATE: 9/1/16

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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NAME OF PROVIDER OR SUPPLIER BEVERLY PARK PLACE HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 8521 BEVERLY PARK CIRCLE KNOXVILLE, TN 37918	
(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 371	<p>Continued From page 1</p> <p>Manager on 8/22/16 at 9:48 AM, revealed 1 of 3 two inch hotel pans and 2 of 3 two inch colander pans with dried food debris.</p> <p>Observation of the kitchen with the Dietary Manager on 8/22/16 at 9:55 AM, revealed 1 dead fly on the bottom of 1 of 4 containers used to store kitchen utensils.</p> <p>Observation of a walk-in cooler with the Dietary Manager on 8/22/16 at 10:00 AM, revealed twenty-one 8 ounce (oz.) cartons of fat free dairy product dated 8/21/16. Continued observation revealed forty-one 8 oz. cartons of buttermilk dated 8/20/16.</p> <p>Interview with the Dietary Manager on 8/24/16 at 2:38 PM, in the kitchen, confirmed the facility failed to ensure serving pans were free of dried food debris, failed to store kitchen utensils under sanitary conditions, and failed to discard out of date milk as required by the facility policy.</p>	F 371	<p>Results of the findings will be reported to the Quality Assurance Performance Improvement Committee x 3 months or until 100% compliance is achieved. The Quality Assurance Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Unit Managers, Therapy Manager, Staff Development Coordinator, Social Services Department, MDS Coordinators, Maintenance Director, Laundry Director, Admissions Director, Business Office Manager, Housekeeping Director, Medical Records, Dietary Manager, Activity Director, and Medical Director.</p>	