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

45th 12/03/16 70th 12/28/16

PRINTED: 10/20/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	445416		10/19/2016

NAME OF PROVIDER OR SUPPLIER: NHC HEALTHCARE, FARRAGUT

STREET ADDRESS, CITY, STATE, ZIP CODE: 120 CAVETT HILL LANE, KNOXVILLE, TN 37922

(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	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY 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 This REQUIREMENT is not met as evidenced by: Based on facility policy review, observation, and interview, the facility failed to maintain sanitary conditions in the kitchen for 1 of 9 preparation food blades; 3 of 3 plastice storage bags; and for 1 of 5 staff members not wearing a hair net for food preparation. The findings included: Review of the facility policy, Safety and Santiation Best Practice Guidelines, revised date 1/2011, revealed "...9a) Foods will be stored in their original container or a NSF approved container or wrapped tightly in moisture proof film, foil, etc. Clearly labeled with contents and the use by date..." Review of the facility policy, Hygiene and Safety Practices, dated 10/2014, revealed "...3. Hair restraints for Dietary Partners shall wear hair restraints such as hats, hair coverings, or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food..."	F 371	This plan of correction is submitted as required under state and federal law and does not constitute an admission on the part of NHC HealthCare, Farragut that the findings constitute a deficiency, or that the scope and severity regarding any deficiency cited is correctly applied. Please accept this plan of correction as our allegation of compliance. F 371 1. "The preparation food blades revealed 1 of 9 had white, dried substance on the silver blade" immediately was sanitized and dried bringing all 9 food blades in compliance. No Patients were found to be affected. 2. A quality assurance study will be conducted to assess potential system failures in the Safety and Sanitation Best Practices. 3. Staff in-service and education will be completed by November 7, 2016 with reiteration of the job task being an assignment for the Dish Room Position to be sanitize and inspect preparation food blades following each use. 4. Random inspections will be conducted weekly x 4 by Executive Chef, Dietary Manager, or designated dietary personnel, then monthly x 3, and randomly thereafter. Completion date: 1. "The 3 of 3 plastic food storage bags (found) open and undated" in the freezer were immediately disposed of by dietary personnel. No Patients were found to be affected. 2. A quality assurance study will be conducted to assess potential system failures in Safety and Sanitation Best Practices.	11/7/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Paula Jane — TITLE: Administrator — (X6) DATE: 10/31/16

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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	445415		10/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NHC HEALTHCARE, FARRAGUT	120 CAVETT HILL LANE KNOXVILLE, TN 37922

(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	Continued From page 1 Observation with the Dietary Manager on 10/17/16, at 8:55 AM, in the kitchen, revealed the followings: 1. Observation of the preparation food blades revealed 1 of 9 had white, dried substances on the silver blade. 2. Observation of the reach in freezer revealed 3 of 3 plastic food storage bags were open and undated: 1/4 lb. (pound) of 3 lb. bag of frozen sweet potatoes fries; 7 of 24 hamburger patties; and 3 pieces of chicken tenders. 3. Observation of 1 of 5 Dietary Staff members revealed a Dietary staff member was not wearing a hair net while preparing a waffle for resident consumption. Interview with the Dietary Manager at the time of the observation confirmed the facility failed to maintain a sanitary kitchen. Continued interview confirmed the 1 preparation food blade was not clean; confirmed the 3 plastic food bags were opened and undated; and confirmed the staff member failed to wear a hair net for food preparation.	F 371	3. Staff in-service and education will be completed by November 7, 2016 with reiteration of Safety and Sanitation Best Practice Guidelines. 4. Random inspections will be conducted weekly x 4 by Executive Chef, Dietary Manager, or designated dietary personnel, then monthly x 3, and randomly thereafter. Completion date: 1. The "1 of 5 Dietary Staff members (found) not wearing a hair net while preparing a waffle for resident consumption" was immediately reprimanded. No Patients were found to be affected. 2. A quality assurance study will be conducted to assess potential system failures in the Hygiene and Safety Practices. 3. Staff in-service and education will be completed by November 7, 2016 with reiteration of Hygiene and Safety Practice Guidelines. 4. Random inspections will be conducted for one month by the Executive Chef, Dietary Manager, or designated dietary personnel, and randomly thereafter. Completion date:	11/7/16 11/7/16