

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 445128	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER NHC HEALTHCARE, OAK RIDGE		STREET ADDRESS, CITY, STATE, ZIP 300 LABORATORY RD OAK RIDGE, TN 37831	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on review of facility policy, observation, and interview, the facility failed to maintain a sanitary kitchen with undated, unlabeled food items available for resident use in 2 of 2 coolers. The facility failed to maintain a sanitary kitchen with undated, unlabeled and open to air food items available for resident use in 1 of 1 walk in freezers. The facility failed to maintain a sanitary kitchen with undated and unlabeled food items in 1 of 1 walk in refrigerators potentially affecting 106 of 109 residents. The findings include: Review of the facility's policy titled, Safety and Sanitation Practice Guidelines, with a revised date of 11/2017, showed .Refrigerated and frozen foods will be stored properly for optimal product safety .Foods will be stored in their original container or .approved container or wrapped tightly in a moisture-proof film, foil .Clearly labeled with the contents and the use by date .Once food is cooked, such perishable items must be labeled with the use by date before properly storing in the refrigerator . Observation of cooler #2, in the kitchen, on 3/09/2020 at 9:46 AM, with the Dietary Manager (DM) showed the following: *Five 8 ounce (oz) plastic glasses of tea undated and available for resident use. *Three 8 oz plastic clear cups of nectar thick unsweet tea undated and available for resident use. *Three 8 oz plastic clear cups of nectar thick orange juice undated and available for resident use. *Three 8 oz plastic clear cups of nectar thick apple juice undated and available for resident use. *Twelve 8 oz plastic clear cups of nectar thick tea undated and available for resident use. *Six 8 oz plastic clear cups of nectar thick cranberry juice undated and available for resident use. *Five 4 oz plastic clear cups of cranberry juice undated and available for resident use. *Two 4 oz plastic clear cups of apple juice undated and available for resident use. Observation of cooler #1, in the kitchen, on 3/09/2020 at 9:56 AM, with the DM showed the following: *Six 4 oz plastic clear cups of apple juice undated and available for resident use. *Fourteen 4 oz plastic clear cups of cranberry juice undated and available for resident use. *Six 4 oz plastic clear cups of tomato juice undated and available for resident use. *One 8 oz plastic clear cup of tomato juice undated and available for resident use. *Nine 4 oz plastic clear cups of prune juice undated and available for resident use. *Fifteen 4 oz plastic clear cups of grape juice undated and available for resident use. *Thirty-five 8 oz plastic clear cups of unsweet tea undated and available for resident use. *Forty-nine 8 oz plastic clear cups of a clear liquid substance (identified by the DM as water) unlabeled, undated, and available for resident use. *Thirty-four 8 oz plastic clear cups of a brown substance undated, unlabeled, and available for resident use. During an interview conducted on 3/09/2020 at 10:04 AM, the DM confirmed the facility failed to maintain a sanitary kitchen with undated and unlabeled food items available for resident use. The DM also confirmed the facility failed to label and date food items in the coolers. Observation of the walk in freezer, in the kitchen on 3/09/2020 at 10:10 AM, with the DM showed the following: *One half a loaf of gluten free soft white bread open to air, undated, and available for resident use. *One clear plastic bag of approximately 9 frozen waffles, open to air, undated, unlabeled, and available for resident use. *Twelve rolls (identified by the DM as sweet rolls) in a plastic bag undated, unlabeled, open to air, and available for resident use. *Three breaded pork chops in a plastic bag undated, unlabeled, and open to air. *Approximately ten farm raised parmesan crusted tilapia fillets frozen solid in a bag undated, open to air, and available for resident use. During an interview conducted on 3/09/2020 at 10:18 AM, the DM confirmed the facility failed to maintain a sanitary kitchen with undated, unlabeled, open to air food items available for resident use in the walk in freezer. Observation of the walk in refrigerator, in the kitchen, on 3/11/2020 at 3:33 PM, with the DM showed the following: *One blue and beige colored muffin and one beige colored muffin in a plastic zip lock bag undated, unlabeled, and available for resident use. *One 48 ounce bag of fully cooked grilled chicken breast fajita strips wrapped in plastic wrap approximately 1/3 full undated and available for resident use. *One gallon sized zip lock bag of cooked bacon approximately 3/4 full undated, unlabeled, and available for resident use. During an interview conducted at 3/11/2020 at 3:52 PM, the DM confirmed the facility failed to maintain a sanitary kitchen with undated and unlabeled food items available for resident use in the walk in refrigerator.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.