STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(N1) PROVIDER/SUPPLIER/CLA
IDENTIFICATION NUMBER:

445128

(N2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

(N3) DATE SURVEY COMPLETED

10/02/2013

NAME OF PROVIDER OR SUPPLIER

NHC HEALTHCARE, OAK RIDGE

STREET ADDRESS, CITY, STATE, ZIP CODE

300 LABORATORY RD
OAK RIDGE, TN 37831

(F4) ID PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

F 371

ID PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

This Plan of Correction is submitted as required under State and Federal Law and does not constitute an admission on the part of the facility that the findings constitute a deficiency or that the scope and severity of the deficiencies cited are correctly applied.

1. Dietary staff will ensure all pans/pots are cleaned, drained, and dried, on drying racks. The oven, deep fryer, and commercial stand up mixer will be cleaned after each use. The kitchen floor will be kept clean and dry. The immediate response was to check and reclean all items noted during survey.

2. By ensuring the pots and pans are always cleaned, drained, and placed on drying racks, and each piece of equipment is cleaned after each use. This will correct any potential effects on all residents.

This REQUIREMENT is not met as evidenced by:
Based on observation and interview, the facility failed to maintain a clean and sanitary kitchen.

The findings included:

Observation with the Dietary Manager on September 30, 2013, at 9:10 a.m., in the kitchen revealed:
1. A two inch pan, with liquid droplets on the inside of the pan stacked on top of other pans.
2. A two inch and a four inch pan, stored with clean pots and pans, with a white crusty substance on the inside of each.
3. A large commercial stand up mixer with a white sticky substance on the back shield and a black brown crusty substance on the arms that held the mixing bowl.

Interview with the Dietary Manager on September 30, 2013, at 9:10 a.m., in the kitchen stated the white substance on the back shield "is from the whipped icing that was made yesterday. The back shields are supposed to be removed and cleaned after use. It has not been cleaned."

LABORATORY DIRECTOR'S OR PROVIDER'S SUPPLIER REPRESENTATIVE'S SIGNATURE

Jeff

TITLE

Administrative

(X6) DATE

10-15-13
### SUMMARY STATEMENT OF DEFICIENCIES

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
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<th>PROVIDER’S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
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<td><strong>3. Staff was inserviced on safety, sanitation, proper cleaning, storage of pots, pans, ovens, deep fryer, commercial stand up mixer and the importance of keeping the kitchen floor clean and dry. Inservice completed on 10-15-13.</strong></td>
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<td><strong>4. Dietitian and Dietary Manager will monitor the dietary staff for proper procedures in the cleaning and storage of pots and pans. Monitoring will also include proper cleaning of equipment and floors in the Dietary Department.</strong></td>
<td>11-16-13</td>
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Observation with the Dietary Manager on September 30, 2013, at 1:30 p.m., revealed:

1. Two ovens with black crusty substance on the bottom and sides on the interior of the oven.
2. The floor was wet, dirty and littered with paper and debris throughout the kitchen.
3. The large free standing floor deep fryer had a buildup of debris on the exterior top and sides.

Interview with the Dietary Manager on September 30, 2013, at 2:00 p.m., in the kitchen verified the above and confirmed the kitchen was not maintained in a clean and sanitary manner.