**Statement of Deficiencies and Plan of Correction**

**Provider/Supplier/CLIA Identification Number:** TN2702

**Multiple Construction**
- A. Building
- B. Wing

**Date Survey Completed:** 01/13/2009

**Name of Provider or Supplier:** DOUGLAS NURSING HOME

**Street Address, City, State, Zip Code:** 2084 W MAIN ST MILAN, TN 38358

<table>
<thead>
<tr>
<th>(X4) ID Prefix Tag</th>
<th>ID</th>
<th>Provider's Plan of Correction (Each Corrective Action Should Be Cross-Referenced to the Appropriate Deficiency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N 767</td>
<td></td>
<td>The facility will store, prepare, distribute and serve food under sanitary conditions. The hood of the stove and filters were cleaned as of 1/23/09. State Systems will professionally clean the hood per contract prior to the end of March 2009. 1/23/09</td>
</tr>
<tr>
<td>N 771</td>
<td></td>
<td><strong>Summary Statement of Deficiencies (Each Deficiency Must Be Preceded by Full Regulatory or LSC Identifying Information)</strong></td>
</tr>
</tbody>
</table>
| N 767             |    | Basic Services
| N 771             |    | Basic Services

**ID Prefix Tag**
- N 767
- N 771

**Summary Statement of Deficiencies**

- Food and Dietetic Services

(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.

This Rule is not met as evidenced by: Type C Pending Penalty #22

Based on observation, it was determined the facility failed to ensure that food was protected from sources of contamination as evidenced by the lights in the hood over the stove were covered in dust.

The findings included:

Observations during the tour of the kitchen, on 1/12/09 at 8:05 AM, revealed the left light set in the hood of the stove was covered with dust that was thick enough to hang down from the lip of the light covering.

- Food and Dietetic Services.

(k) All nursing homes shall have commercial automatic dishwashers approved by the National Sanitation Foundation. Dishwashing machines shall be used according to manufacturer specifications.
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<table>
<thead>
<tr>
<th>(X1) PROVIDER/SUPPLIER/CIA IDENTIFICATION NUMBER</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
<th>(X3) DATE SURVEY COMPLETED</th>
</tr>
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<tbody>
<tr>
<td>TN2702</td>
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<td>01/13/2009</td>
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NAME OF PROVIDER OR SUPPLIER: DOUGLAS NURSING HOME

STREET ADDRESS, CITY, STATE, ZIP CODE: 2084 W MAIN ST, MILAN, TN 38358

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<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>(X5) COMPLETE DATE</th>
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</table>

The facility will store, prepare, distribute and serve food under sanitary conditions.

1. The dish machine was immediately shut down on 1/12/09. The dish machine sanitizer dispenser was repaired as of 1/12/09.
2. After repair on 1/12/09, the sanitizer strip read 100 PPM.
3. After system was repaired on 1/12/09 the test strip read 100 PPM.
   a. As of 3PM the sanitizer strip checked out as 100 PPM. Dietary manager in-serviced dietary staff as of 1/14/09 on Proper usage of sanitizer strips and of cleaning schedule for the hood and kitchen. Administrator/Dietary Manager and/or designee will monitor daily for continued compliance.

1/14/09

Based on review of the dishmachine operating instructions, review of the warewash/kitchen service report, observation, and interview, it was determined the facility failed to ensure the dishwash machine registered the minimum of 50 parts per million (ppm) of free Chlorine in the final rinse.

The findings included:

1. Observations during the tour of the kitchen on 1/12/09 at 8:05 AM revealed the following:
   a. Low temperature dish wash machine sanitizer measured by kitchen aide #1 revealed 0 ppm on the first test.
   b. Low temperature dish wash machine sanitizer measured by kitchen aide #1 revealed 0 ppm on the second test with new test strips.

2. Review of the facility's "DISHMACHINE OPERATING INSTRUCTIONS" documented, "...CHEMICALS...Sanitizer should be 6% [percent] solution of sodium hypochlorite. The initial setting is 5cc [cubic centimeters] and this should be checked regularly with a Chlorine Test Kit. Free chlorine in the final rinse should be 50 ppm to 100 ppm..."

3. Review of the "WAREWASH/KITCHEN SERVICE REPORT" given to the surveyor by the Dietary Manager in the Administrator's office on 1/12/09 at 3:30 PM documented, "...Adjust sanitizer from 1 ml [milliliter] to 5 ml. Checked good with test strip after adjustment..."