

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>445530</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CHRISTIAN CARE CENTER OF BRISTOL</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2830 HIGHWAY 394 BRISTOL, TN 37617</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on facility policy review, observation, and interview, the facility failed to ensure expired foods were discarded and not available for resident use in 1 of 1 kitchen, which had the potential to affect 115 of 116 residents. The findings include: Review of the facility policy, Receiving Foods, dated [DATE], showed .When receiving foods, the following will be done Inspect for damage, Check expiration and use by dates .Label all food items with date of delivery . Review of the facility policy, Cold Storage Areas, dated [DATE], showed .It is the policy to store cold food under safe and sanitary conditions .Store cold foods until their use by date, expiration date . Review of the facility policy, Storage Periods, Use By Guidelines, dated [DATE], showed .Food will be stored properly and used within the appropriate time period to ensure safe and quality food is served .when labeling opened or unopened food that must be used within a certain time frame .leftovers .guideline is for 3 days .Expired Food items will be disposed .Expiration date-the last day the product should be used for best quality .Milk, opened Manufacturer's use by date .Milk, unopened .Manufacturer's use by date .Adhere to best use by date on carton .Produce, fresh fruits and vegetables Check daily for freshness . Observation with the Registered Dietitian (RD) on [DATE] at 10:20 AM, of the walk in cooler, milk cooler, and freezer showed the following available for resident use: *1 head of lettuce open to air dated [DATE]. *1 partially used head of lettuce open to air with a use by date of [DATE]. *1 of the ,[DATE] pints of chocolate milk with a use by date of [DATE]. *9 of the ,[DATE] pints of chocolate milk with a use by date of [DATE]. *5 of the ,[DATE] gallons of buttermilk with a use by date of [DATE]. *1 of the ,[DATE] gallons of buttermilk with a use by date of [DATE]. *3 loaves of white bread with a use by date of [DATE]. *3 loaves of white bread with no date of receipt or expiration date. During an interview on [DATE] at 10:40 AM, the RD confirmed the foods and milk had expired and was available for resident use. The RD confirmed her expectation was for expired foods to be discarded.		
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.