STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445098	A. Building B. Wing	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Knoxville	809 East Emerald Ave Knoxville, TN 37917

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 - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on facility policy review, observation, and interview, the facility failed to ensure expired food items were not available for resident use in 1 of 2 nourishment room refrigerators observed. The findings include:Review of the facility's policy titled, Safety & [and] Sanitation Best Practice Guidelines, dated 6/2025, revealed .REFRIGERATOR .STORAGE .Refrigerated .foods will be stored properly for optimal product safety .Expiration dates .will be used .to ensure food safety .During an observation and interview on 4/27/2026 at 10:56 AM, revealed the 2nd floor nourishment room refrigerator contained five unopened 10 fluid ounce bottles of orange juice with an expiration date of 4/8/2026. The Certified Dietary Manager confirmed the items were expired and available for resident use.

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE