

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445276	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Cumberland Village Care		STREET ADDRESS, CITY, STATE, ZIP CODE 136 Davis Lane Lafollette, TN 37766	

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)
<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>48100</p> <p>Based on facility policy review, interviews, and observation, the facility failed to ensure the kitchen equipment was maintained in good working order for 1 dishwasher and 1 hot water heater for the kitchen to ensure proper sanitization of kitchen and foodware, which had the potential to affect 156 of 158 residents.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Equipment, dated 9/2017, revealed .all foodservice equipment will be .in proper working order .</p> <p>During an interview on 1/30/2025 at 7:31 AM, the Maintenance Director stated the facility utilized one dishwasher in the kitchen that relied upon the hot water heater (hot water heater designated for the kitchen area) to supply the hot water and the booster temperature regulator (built-in mechanism within the dishwasher to boost water temperatures) to ensure water temperatures met regulations to sanitize dishes. The Maintenance Director stated the hot water heater for the kitchen was only working .half the time . which resulted in an increased workload for the booster temperature regulator box to heat water temperatures to the appropriate level for sanitization. The Maintenance Director stated the hot water heater had not been working properly for .about a week [specific date unknown] . and the dishwasher did not have a consistent hot water supply to provide adequate dishwashing services. The equipment failure had the potential to result in improper sanitization of the dishware and cookware.</p> <p>During an observation in the dish room on 1/30/2025 at 7:42 AM, with District Manager (DM) #1 and DM #2, revealed the industrial dishwashing machine was loaded with a test tray to observe the dishwasher functioning. Further observation revealed the test tray was loaded into the right side of the conveyor belt, the belt carried the tray into the wash machine to start the wash cycle, the wash cycle began, and the dishwashing machine made a loud metal on metal sound. The wash cycle continued to finish the rinse cycle however the water temperature gauges for the wash and rinse cycle did not rise above 40 degrees Fahrenheit (F). The test tray came out on the conveyor belt on the left side of the dish machine with cold water present on the surface of the tray. The test tray was ran through the dish machine two additional times with the same results of the temperature gauges for both the wash and rinse cycles which were not reading above 40 degrees F. The water temperature did not reach the 120 degrees to sanitize dishes during the wash or rinse cycles.</p> <p>(continued on next page)</p>

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445276	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Cumberland Village Care		STREET ADDRESS, CITY, STATE, ZIP CODE 136 Davis Lane Lafollette, TN 37766	

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)
<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview in the dish room on 1/30/2025 at 7:49 AM, DM #1 stated since the hot water heater was not working properly in the kitchen, the kitchen staff had to run dishes through the dish machine multiple times to get the booster temperature regulator up to the appropriate temperature (over 120 degrees F) for sanitizing the dishes since it was a low temperature with chemical sanitization dishwashing system. DM #1 stated the dish washer was not working properly and was not reaching the appropriate temperature. DM #1 stated since the dishwasher was .broken . the kitchen would have to initiate a contingency plan to wash and sanitize the dishes using their 3-compartment sink area in the kitchen and disposable foodware.</p> <p>During an interview in the dish room on 1/30/2025 at 7:55 AM, DM #2 stated the booster temperature regulator was not working and was .probably overloaded . from having an increased workload to run multiple dishwashing loads to rise to the appropriate temperature since there was no supply of hot water to the dishwasher.</p> <p>During an interview on 1/30/2025 at 7:57 AM, the Maintenance Director confirmed the dishwasher and hot water heater in the kitchen was not in a good working order and needed immediate repairs</p>