STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445328	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fort Sanders Tcu	1901 Clinch Ave Knoxville, TN 37916

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 - Many	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, observations, and interview, the facility failed to properly store refrigerated and dry storage food items, which had the potential to affect 19 of 19 residents. The findings include: Review of the facility's policy titled, Food and Supply Storage, revised 1/2026, revealed .products contain an expiration date .best-by .or use-by .date .Cover, label and date unused portions and open packages .Use .labeling system or complete all sections on an orange label .products are good through the close of business on the date noted on the label .discard food past the use-by or expiration date . During an observation on 6/15/2026 at 10:17AM, with the Dietary Manager and Head Chef, revealed in the reach in cooler a plastic 6-inch container of sliced ham 1/2 full labeled with an orange sticker .Product Ham .Good Thru 06/11/26 . Further observation revealed an 8-quart plastic container with approximately 10 slices of sliced turkey breast labeled with an orange sticker .Product .Turkey Breast .Good Thru 06/11/26 . Continued observation of the dry storage area revealed 13-46 oz (ounce) containers of thickened consistency (product used for residents with difficulty swallowing) orange juice with an expiration date of 4/10/2026 and 2-46 oz containers of thickened cranberry juice with an expiration date of 4/9/2026. During an interview on 6/15/2026 at 10:45AM, the Dietary Manager and Head Chef confirmed the ham the sliced turkey breast was labeled with an orange sticker dated good thru 6/11/2026, 13-46 oz containers of thickened consistency orange juice and 2-46 oz of thickened consistency cranberry juice 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