

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445470	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER Towne Square Care of Puryear		STREET ADDRESS, CITY, STATE, ZIP CODE 220 College Street Puryear, TN 38251	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47835</p> <p>Based on policy review, medical record review, facility investigation review, and interview, the facility failed to report allegations of abuse to Adult Protection Service (APS) and Long-Term Care Ombudsman for 1 of 3 (Resident #177) sampled residents reviewed for abuse, failed to report an allegation of abuse to local law enforcement, and failed to complete a 5 day follow-up report to the state agency for 3 of 3 (Resident #8, #17, and #177) sampled residents reviewed for allegations of abuse.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the policy Abuse and Neglect, dated 2/1/2017, revealed, .establish guidelines that prevents, identifies and report resident abuse and neglect .right to be free from verbal, sexual, physical, and mental abuse .any .allegation of abuse must be reported to the state agency and law enforcement . 2. Review of the medical record revealed Resident #8 was admitted to the facility on [DATE], with diagnoses of Schizophrenia, Cognitive Communication Deficit, Dementia, and Unsteadiness on Feet. <p>Review of the annual Minimum Data Set (MDS) dated [DATE], revealed Resident #8 was severely cognitively impaired.</p> <ol style="list-style-type: none"> 3. Review of the medical record revealed Resident #17 was admitted to the facility on [DATE], with diagnoses of Dementia, Depression, Chronic Kidney Disease, Chronic Obstructive Pulmonary Disease, and Adult Failure to Thrive. <p>Review of the admission MDS dated [DATE], revealed Resident #17 had a Brief Interview for Mental Status (BIMS) score of 11, which indicated the resident was moderately cognitive impaired.</p> <p>Review of the facility's Investigation Report dated 11/17/2023, revealed the Administrator was notified by phone on 11/17/2023, that Resident #17 reported that about six days earlier he had been sitting in the dining room before lunch when Resident #8 approached him and felt around the front of his chest and his hands wandered down the front of his body around his groin area.</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
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #17 was immediately assessed and no physical or mental harm could be found. Resident did display increased anxiety but when questioned stated that his sister-in-law had had hip surgery that day and he was upset about that. Resident's Representative was called to report the incident. Resident was assessed by the physician and also by the Psych Nurse Practitioner. The Psych Nurse Practitioner followed up on Resident #17 for 72 hours. Other cognitively intact residents were interviewed and no one else reported any kind of trouble with Resident #8 . The investigation concluded the allegation could not be verified due to the alleged perpetrator is severely impaired in vision and was often observed often feeling his way down the halls as he tried to find his way to where he was going. The allegation of abuse was reported to the State agency and to the Ombudsman. The Corrective Action Plan was to in-service staff on the abuse and neglect policy and to supervise the alleged perpetrator when he was in crowded areas.</p> <p>Review of the facility's Incident Reporting System sheet revealed the facility did not report the allegation of abuse to the police and there was no 5 day follow up.</p> <p>During an interview on 4/3/2024 at 10:07 AM, the Director of Nursing (DON) confirmed that the facility did not call and file a report with the police after the alleged altercation between Resident #8 and Resident #17 but that they had called the Ombudsman.</p> <p>During an interview on 4/3/2024 at 4:12 PM, the Administrator confirmed she did not report the allegation of abuse to the police. The Administrator also confirmed that she did not conduct and report a 5 day follow up to the state.</p> <p>4. Review of the medical record revealed Resident #177 was admitted the facility on 4/10/2023 with diagnoses of Cognitive Communication Deficit, Anxiety, Depression, and Heart Failure.</p> <p>Review of the admission MDS dated [DATE], revealed Resident #177 had a BIMS of 8, indicating the resident was moderately cognitively impaired.</p> <p>Review of the facility's Investigation Report, dated 4/30/2023, revealed the Administrator was notified by phone on 4/30/2024 that Resident #177 reported that she had been hit by a staff member on 4/29/2024. The Administrator arrived at the facility on 4/30/2023 and began an investigation that started with interviewing Resident #177. The Administrator presented staff members who fit Resident #177's description of the alleged perpetrator to Resident #177 and the resident denied all as being the person who had hit her. The Administrator completed an assessment of the resident; the resident had no physical or mental harm. The Administrator obtained statements from staff members. The Administrator interviewed other residents who may have had contact with the alleged perpetrator and were cognitively intact. The investigation concluded the allegation could not be substantiated. The allegation of abuse was reported to the state. The Corrective Action Plan was to continue to in-service and train staff on the abuse and neglect policy and to address with residents to report incidents immediately.</p> <p>Review of the facility's Incident Reporting System, revealed the facility did not report the allegation of abuse to the police, APS, or the Ombudsman, and there was no 5 day follow up.</p> <p>During an interview on 4/3/2024 at 3:27 PM, the Administrator was asked and confirmed she did not report the allegation of abuse to the police, the Ombudsman, or the APS. The Administrator also confirmed that she did not conduct and report a 5 day follow up to the state.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38439</p> <p>Based on policy review, medical record review, observation, and interview, the facility failed to ensure neurological (neuro) checks were obtained after an unwitnessed fall with a head injury for 1 of 2 (Resident #127) reviewed for accident hazards.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The facility's policy titled Neuro Assessment, dated 2/1/2017, revealed .Neurological assessment will be performed by a licensed nurse when .head injury .unwitnessed falls .Neurological Assessments should be performed .for a 72 hour period . 2. Review of the medical record revealed Resident #127 was admitted to the facility on [DATE], with diagnoses of Dementia, Osteoarthritis, History of Malignant Neoplasm of Uterus, and Left Artificial Hip Joint. <p>Review of the Admission Minimum Data Set, dated dated [DATE], revealed Resident #127 was assessed with a Brief Interview for Mental Status score of 7, indicating the resident was severely cognitive impaired, assessed with inattention, disorganized thinking and Altered Level of Consciousness, Independent with indoor mobility, required the use of a walker, and was moderate to dependent on staff for activities of daily living skills, incontinent of both bowel and bladder, an active diagnosis of Non Alzheimer's Dementia, and having 1 fall with injury since admission.</p> <p>Review of the Care Plan dated 3/21/2024 revealed, .I am at risk for falls r/t [related to] Confusion, Gait/balance problems .I have limited physical mobility .</p> <p>Review of a Fall Incident Report, dated 3/27/2024 revealed, .4:18 AM .Incident Location .Resident's Bathroom .Heard call for help coming from resident's bathroom. Observed resident sitting in floor in doorway. Alert and responsive but noted to have small hematoma to left outer brow and skin tear dorsum of left hand . Resident Description .Resident stated she was trying to get to bathroom. She also stated she hit her head on the door facing of the bathroom .Upon assessing resident it was noted that resident had incurred a hematoma to her outer left eye brow which measured 5 cm [centimeters] x 3.75 cm .</p> <p>Review of the facility's fall investigation revealed no neuro checks were included in the investigation.</p> <p>Review of the medical record revealed the facility failed to provide neuro checks for Resident #127 for the fall that occurred on 3/27/2024.</p> <p>Observation in Resident #127's bathroom on 4/1/24 at 12:58 PM, revealed staff assisting resident into the bathroom, resident noted to have large purple and bluish discoloring to the left side of her face.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation in the dining room on 4/2/24 at 8:23 AM, revealed Resident #127 sitting up in wheelchair feeding herself her breakfast meal, purple bluish discoloring remains to the left side of the resident's face.</p> <p>During an interview on 4/3/24 at 9:14 AM, the Director of Nursing (DON) confirmed that Resident #127 had a fall on 3/27/2024 that resulted in bruising and a hematoma to the left side of her face. The DON was asked was neuro checks obtained as a result of her unwitnessed fall that occurred on 3/27/2024, that resulted in a hematoma and bruising to her left side of her face. The DON confirmed that she was unable to locate the neuro checks and that they should be readily accessible in the resident's medical record.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>46047</p> <p>Based on policy review, nurse schedules, facility group hours report, facility time sheets, and interview, the facility failed to ensure there was a Registered Nurse (RN) on duty for 8 consecutive hours a day, 7 days a week for 4 of 29 days (10/8/2023, 11/5/202, 11/11/2023, and 11/26/2023) reviewed for RN coverage.</p> <p>The findings include:</p> <p>Review of the facility's policy title, Staffing, dated 2/1/2017, revealed .To ensure proper licensed nursing staff are provided to the residents according to regulation .The facility shall provide a Registered Nurse for 8 consecutive hours every day .</p> <p>Review of the nurse schedules from 10/2023 to 12/2023, revealed there was no RN scheduled for 10/8/2023, 11/5/2023, 11/11/2023, and 11/26/2023.</p> <p>Review of the facility's Group Hours, report (punch time sheet) from 10/1/2023 thru 12/31/2023, revealed no RN punched into work indicating a RN was in the building for 8 consecutive hours on 10/8/2023, 11/5/2023, 11/11/2023, and 11/26/2023.</p> <p>Review of the Director of Nurses (DON) Time Sheet from 10/2023 thru 12/31/2023 revealed, the DON did not sign into work as an RN, to provide 8 consecutive hours of RN coverage on 10/8/2023, 11/5/2023, 11/11/2023, and 11/26/2023.</p> <p>During an interview on 4/3/2024 at 7:18 PM, the DON confirmed the facility should have 8 consecutive hours of RN coverage per day. The DON confirmed the facility was unable to provide documentation that an RN worked on 10/8/2023, 11/5/2023, 11/11/2023, and 11/26/2023 for 8 consecutive hours.</p> <p>The facility was unable to provide documentation showing 8 consecutive hours of daily RN coverage on 10/8/2023, 11/5/2023, 11/11/2023, and 11/26/2023.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>47835</p> <p>Based on policy review, observation, and interview, the facility failed to maintain an adequate supply of over-the-counter medications for 3 of 3 (Medication Cart #1, Medication Cart #2, and Medication Storage Room) medication carts reviewed for medication storage.</p> <p>The findings include:</p> <p>1. Review of the facility's policy titled Supply Ordering, dated 2/17/2027, revealed .any supplies needed to care for the residents will be ordered from an approved medical vendor .Designated staff .maintain all supplies in the stock room .Orders will be placed to the medical vendor at least monthly, but more if needed . supplies to be ordered include .Over-the-Counter medications .supplies needed to provide care to the residents .Supply list will be given to the Administrator and /or his/her Designee .Order will be submitted by the Administrator and/or his/her Designee .Orders that are delivered to the facility will be placed in the stock room .may choose to use a local vendor or store to procure any items that are unavailable or backordered .</p> <p>Review of the facility policy titled Physician Orders, dated 2/1/2017, revealed .Medications will be ordered from the pharmacy to ensure prompt delivery .</p> <p>2. Review of the [Named Supply Company] manifest order form dated 2/13/2024, revealed, .1 box of MUCINEX (medication used for coughing), TAB [tablet] 600-30MG (milligrams) .4 boxes of OMEPRAZOLE (medication used for stomach acid) TAB 20MG .</p> <p>Review of the [Named Supply Company] manifest order form dated 2/26/2024, revealed, .4 boxes of MUCINEX, TAB 600MG .2 boxes of OMEPRAZOLE TAB 20MG .</p> <p>Review of the [Named Supply Company] manifest order form dated 3/28/2024, revealed, .4 boxes of MUCINEX, TAB ER 600MG .</p> <p>Review of the EMAR (Electronic Medication Administration Record (MAR) Progress Notes for Resident #7 revealed documentation of .medication not available at this time .on 2/19/2024 at 12:52, 2/20/2024 at 8:45 AM, 2/20/2024 at 1:26 PM, 2/21/2024 at 8:16 AM, 2/21/2024 at 1:10 PM, 2/22/2024 at 8:23 AM, 2/22/2024 at 4:25 PM, 3/27/2024 at 1:29 PM, 4/1/2024 at 1:09 PM, 4/2/2024 at 8:38 AM, and 4/2/2024 at 1:10 PM.</p> <p>Review of the 2/2024 MAR revealed, Resident #7 did not receive Mucinex on 2/19/2024, 2/20/2024, 2/21/2024, and 2/22/2024.</p> <p>Review of the 3/2024 MAR revealed, Resident #7 did not receive Mucinex on 3/7/2024 and 3/28/2024.</p> <p>Review of the MAR dated 4/2024 revealed, Resident #7 did not receive Mucinex on 4/1/2024 and 4/2/2024.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 4/2/2024 at 8:25 AM, during medication administration, revealed the Registered Nurse (RN) had a plastic cup of medications and confirmed she was taking them to Resident #7. The RN exited Resident #7's room and stated, .everything was in the cup except for omeprazole and Mucinex because they were still waiting for them to come in .</p> <p>Observation in the medication room (Medication Storage Room) on 4/2/2024 at 10:15 AM, revealed no over the counter medication stock for Mucinex ER or Omeprazole in the medication storage room.</p> <p>During an interview on 4/2/2024 at 9:00 AM, the RN confirmed that the facility was out of the over the counter medication of Mucinex ER and Omeprazole. The RN was asked how long the facility had been out of the two medications. The RN stated, At least a week .</p> <p>During an interview on 4/3/2024 at 8:23 AM, the RN was asked what the process is for ordering over-the-counter medications. The RN stated, .we have an order form in the drawer and fill it out .when it gets down to 1-2 boxes .seems we have been having problems getting our medications for the last month or two always put a note in [the computer] so that we know that's the reason we don't give it .Been out for about a week, gave [omeprazole] the last time on last Thursday [3/28/2024] .last week sometime for the Mucinex, not sure what day .</p> <p>During an interview on 4/3/2024 at 2:47 PM, the Administrator was shown a copy of the order sheet and asked if this surveyor could see the order sheets from January till April. The Administrator stated, .I do not save those order sheets .once I order what is on the sheet, I throw it away .I'm aware that we [the Facility] do not have any [omeprazole and Mucinex] in stock at the present . The Administrator was asked is there any other means the facility had for obtaining medications when they do not come in. The Administrator stated, . Yes, we could get them at the [Named Retail Store] . The Administrator was asked should all medications including over-the-counter medications Mucinex ER and Omeprazole be available for administration for the residents. The Administrator stated, .Yes.</p> <p>During a telephone interview on 4/3/2024 at 3:20 PM, the Nurse Practitioner (NP) was asked should all medications be available for administration for residents if there was a physician's order. The NP stated, .Yes.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37530</p> <p>Based on policy review, Job Description, observation, and interview, the facility failed to ensure food was stored, prepared, and served under sanitary conditions as evidenced by dirty trash can, carbon build-up on the pans, dirty equipment, the deep fryer with carbon build-up with food particles, carbon build-up on the flat grill, and large amount of greasy dark stain on the floor beside and behind the deep fryer, kitchen cabinets with large amount of peeling Formica laminate on the doors and drawer, cabinet under the sink with dark furry substance with an old stained cloth and the cabinet underneath in disrepair. The facility had a census of 25 with 25 of those residents receiving a meal tray from the kitchen.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Review of the facility's Sanitizing, policy dated 2/1/2017, revealed .The food service area shall be maintained in a clean and sanitary manner .The Dietary Manager/Food Service Manager will be responsible for creating and maintaining a regular cleaning schedule of kitchen and dining areas to prevent the accumulation of dirt, debris and grime .Kitchen .surfaces not in contact with food shall be cleaned as a part of a regular preventative maintenance schedule . Review of the undated Dietary Weekly/Monthly Cleaning Schedule, revealed .Weekly Cleaning .Griddle . Convection Oven .Pots/Pan - Carbon Removal .Monthly Cleaning .Fryer - clean & [and] replace grease . Morning Dietary .Prep tables .Afternoon Dietary .Sweep & mop floors . <p>Review of the signed Job Description titled Director of Food Services, dated 4/3/2024, revealed .The primary purpose of your job position is to .organizing, developing and directing the overall operation of the Food Services Department in accordance with current federal, state, and local standards, guidelines and regulations governing our facility .to assure that quality nutritional services are provided on a daily basis and that the Food Services Department is maintained in a clean, safe, and sanitary manner .</p> <ol style="list-style-type: none"> Observation in the kitchen on 4/1/2024 at 9:44 AM, 4/2/2024 at 8:06 AM, and on 4/3/2024 at 2:07 PM, with the Dietary Manager (DM) revealed the following: <p>A trash can lid with large amount of dark stains on the inside and outside lid.</p> <p>Metal prep (prepare) table on the bottom shelf had 4 half pans with a large amount of thick carbon buildup on the outside and inside of the pans.</p> <p>A metal prep table had 2 full sheet pans on the bottom shelf with a large of carbon buildup on the outside and inside of the pans.</p> <p>A metal prep table had dark stain buildup on the front end of the bottom shelf.</p> <p>The Convection oven had a large amount of dark dried food substance.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A deep fryer had a large sheet pan with a large amount of carbon buildup covering the fryer.</p> <p>A deep fryer had a large amount of food particles inside the fryer and carbon buildup on the left side of the deep fryer.</p> <p>The flat grill had a large amount of carbon buildup on the left side of the grill.</p> <p>The kitchen cabinets with large amount of peeling Formica laminate on the doors and drawers.</p> <p>The cabinet under the sink had a large amount of dark furry stains and an old stained washcloth on the bottom of the caved in floor of the cabinet, and the back wall had a large hole torn apart.</p> <p>Observation and interview in the kitchen on 4/2/2024 at 8:06 AM, with the DM revealed on the drying rack was 3 half pans and 1 full pan with a large amount of carbon build up on the inside and outside of the pans, and a full pan with a white food substance. The DM was asked what the food substance in the corner of the full pan is, The DM stated, .A piece of French toast .</p> <p>During an interview on 4/3/2024 at 11:08 AM, the DM was asked how often the deep fryers are cleaned and should there be a large amount of food particles on the on the inside of the deep fryer. The DM stated, .the cleaning list I gave you, we do our fryer monthly .of course the answer they would be no we should not have food particles in the fryer . The DM was asked should the oven have run off dripping in the bottom of the oven. The DM stated, .No .those [oven] are clean after the spills are made . The DM was asked should the sheet pans have a large amount of carbon buildup on the inside and outside of the pans. The DM stated, .No .we generally do [clean] that [carbon] once a month .I have to reeducate the staff on what to clean on those pans with .it's just been overlooked on that part of the pans . The DM was asked should the trash can at the hand sink have dark stains on the outside and inside of the lid. The DM stated, .No, the trash cans get cleaned once a month . The DM was asked should the deep fryer have carbon buildup on the sides, food particles inside, food particles on the side and behind the deep fryer and dark stains on the floor. The DM stated, .No .it's probable the grease buildup . The DM was asked should the toaster have carbon buildup. The DM stated, No. The DM was asked should the clean pans on the drying rack have food particles. The DM stated, No, ma'am. The DM was asked what the dark furry stain under the sink was and should the shelves be caved in with the back wall torn away. The DON stated, .It looks like mold .No the cabinets should not look like that .</p> <p>During an interview on 4/3/2024 at 5:09 PM, the Administrator was asked should the kitchen have cabinet with the Formica laminate peeling and torn off the cabinets. That Administrator stated, .No, they need to be replaced . The Administrator was asked should the cabinet under the sink have dark [NAME] stains (mold) and the bottom of the shelf caved in and the back wall torn away from the wall. The Administrator stated, .No ma'am .</p>		