



ESTABLISHMENT Legacy Farms Manor		DATE 02/29/2024	SCORE <u>100</u> / 100
LOCATION 8061 Murfreesboro Road	STAFF Bobby Fletcher	EST. NO. 622240111	
CITY, STATE, ZIP Lebanon TN 37090	PURPOSE Routine		NUMBER OF ROOMS
PERMITTEE		FOLLOW-UP REQUIRED () YES X NO	

WATER

*	1.	Supply, source, hot, cold, under pressure	5
	2.	Ice machine automatic dispensing, prepackaged	1
	3.	Ice machine clean, maintained, free of contaminants	1
	4.	Ice storage, containers, scoops, smooth, constructed, designed, clean, stored, handled	1
	5.	Plumbing installed, maintained	1
*	6.	Cross connection, backsiphonage, backflow	4
*	7.	Sewage and waste water disposal	4

INSECT AND RODENT CONTROL

•	8.	Presence of insects, rodents, outer openings protected, no birds, turtles, other animals	4
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SOLID WASTE

9.	Guest rooms, lobby, hallway, containers, constructed, clean, covered, adequate cleaning facility	1
10.	Outside storage containers, area, enclosures, constructed, clean, covered, adequate cleaning facility	1
11.	Outside premises free of litter, unnecessary articles	1

POISONOUS AND TOXIC MATERIALS

* 12.	Poisonous and toxic items properly stored, labeled, used	5
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PERSONNEL

* 13.	Personnel with infections restricted	5
* 14.	Hands washed, clean, good hygienic practices	5

EMPLOYEE TOILET/HANDWASH FACILITIES

*	15.	Number, convenient, accessible, designed, installed	4
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FIRE SAFETY

* 16.	Fire, electrical hazards, storage of flammables	4
* 17.	Smoke detectors installed, number maintained	4
* 18.	Fire extinguishers, exits, evacuation plans, fire prevention equipment notices	4

GENERAL CONSTRUCTION

19.	Floors, walls, ceilings, clean, good repair	1
20.	Guest toilets, lavatory, laundry, bathing facilities: adequate, designed, clean, good repair, soap, bath cloth, towel	1
21.	Tubs/showers, anti-slip strips, appliques, slip-proof mats, adequate, good repair	2

22.	Telephone service accessible	1
23.	Lighting provided, adequate	1
24.	Ventilation, sleeping, toilet rooms	1
25.	Windows, doors, constructed, clean, maintained, good repair	1
26.	Furniture, mattresses, draperies, curtains, clean, good repair, linen provided, clean, properly stored	1
27.	Storage area, closets clean, good repair	1

FOOD EQUIPMENT AND UTENSILS

	28.	Food (ice) contact surfaces designed, constructed, maintained, installed, located, clean	2
	29.	Non-food contact surfaces designed, constructed, maintained, installed, located, clean	1
	30.	Wiping cloths clean, use restricted	1
	31.	Storage, handling of clean equipment, utensils	1
	32.	Single-service articles, storage, dispensing, constructed	1
*	33.	Sanitization rinse clean, temperature, concentration, exposure time, equipment, utensils, linens sanitized	4
	34.	Dishwashing facilities designed, constructed, maintained, installed, operated	2
*	35.	Approved source, sound condition, no spoilage	5
	36.	Original container, properly labeled	1

FOOD PROTECTION

*	37.	Potentially hazardous food meets temperature requirements during storage, preparation, display, service transportation	5
*	38.	Facilities to maintain product temperature	4
	39.	Thermometers provided and conspicuous	1
	40.	Potentially hazardous food properly thawed	1
*	41.	Unwrapped and potentially hazardous food not re-served	4
	42.	Food protection during storage, preparation, display, service, transportation	2
		ADMINISTRATION	
**	43.	Current permit posted	0
**	44.	Most current complete inspection report	0

Failure to correct any violations of critical items within ten (10) days may result in suspension of your bed and breakfast establishment permit. Repeated violation of identical critical item category may result in revocation of your bed and breakfast establishment permit. If items identified as constituting imminent health hazards exist, the facility shall immediately cease operations until authorized by the Commissioner to reopen. You are required to frame and post the bed and breakfast establishment permit, and to post the most current inspection report in a conspicuous manner. Further, any person who requests to review the most current inspection sheet, shall be allowed to do so. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. Sections 68-14-504, 68-14-506, 68-14-507, 68-14-509, 68-14-513, 68-14-514, and 4-5-320.

(*) Identifies critical items (**) Identifies misdemeanor violations

Signature of Person in Charge 

Date of Signature 02/29/2024

By  EHS

Time in/out 11:05 AM 11:38 AM

**BED AND BREAKFAST INSPECTION REPORT
TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH**



Establishment Information

Establishment Name: Legacy Farms Manor
Establishment Number : 622240111

Observed Violations

Total # 0

***See page at the end of this document for any violations that could not be displayed in this space.

Additional Comments

Kellie@maineventpro.com

***See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

Establishment Information

Establishment Name: Legacy Farms Manor

Establishment Number : 622240111

Observed Violations (cont'd)**Additional Comments (cont'd)**

Source Type: Water

Source: City

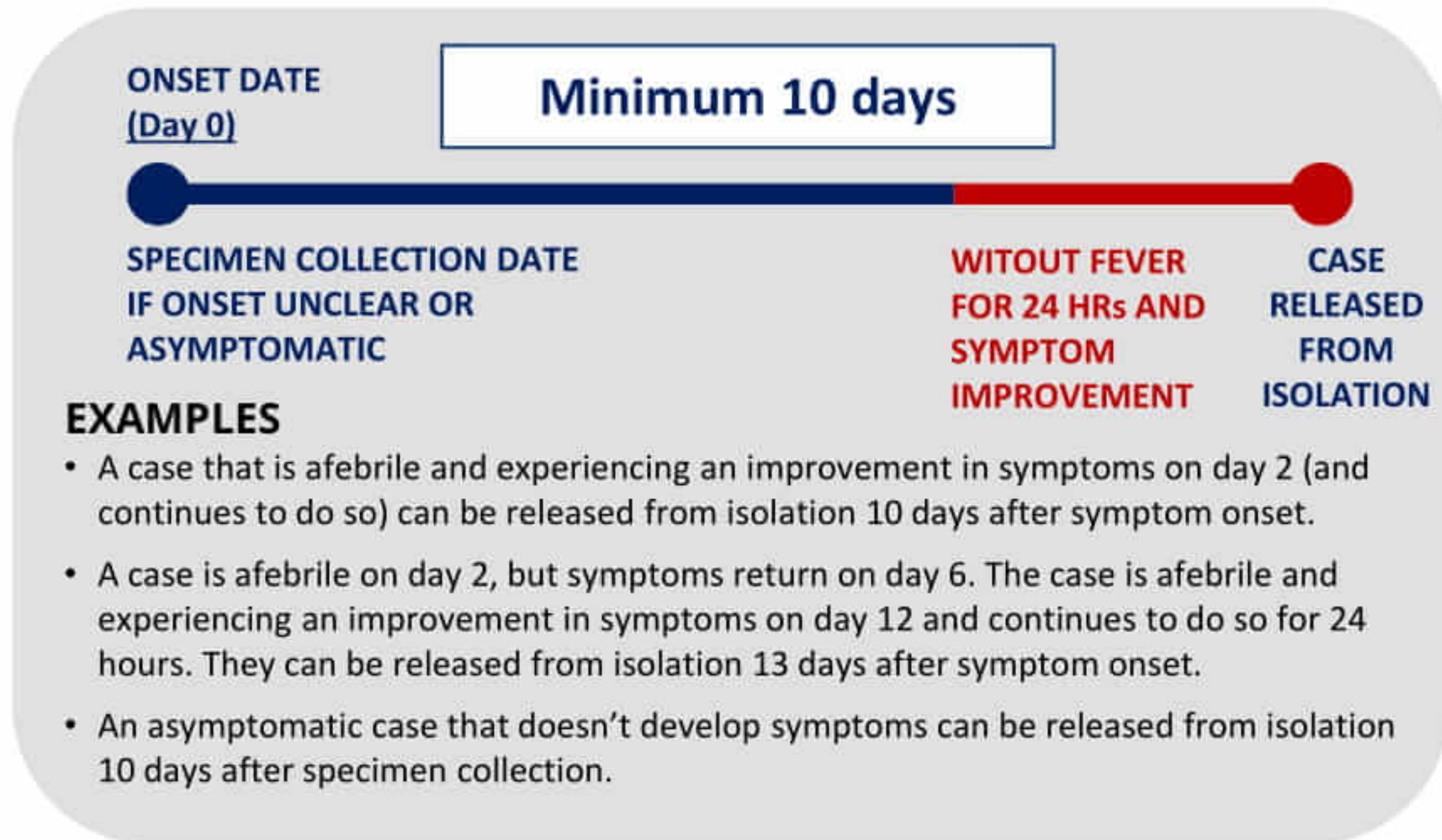
CASES

Must be isolated for a minimum of 10 days after onset and can be released after they are without fever for 24 hours (without fever-reducing medication) and show improvement in symptoms. Some severely ill patients will need to be isolated for at least 20 days.

Asymptomatic cases must be isolated for 10 days after their specimen collection date.

Notes:

- Lingering cough should not prevent a case from being released from isolation.
- If a follow-up PCR test is positive, cases do not need to re-enter isolation as long as they have completed the minimum 10-day isolation and had symptom resolution for a minimum of 24 hours.
- If a case has been released from isolation and symptoms return, individuals do not need to re-enter isolation as long as they have completed the minimum 10-day isolation and had symptom resolution for a minimum of 24 hours.



HOUSEHOLD CONTACTS

A household contact is an individual who shares any living spaces with a case. This includes bedrooms, bathrooms, living rooms, kitchens, etc.

Household contacts must be quarantined for 14 days after the case has completed their (minimum) 10-day isolation period (whether the case is symptomatic or not)*.

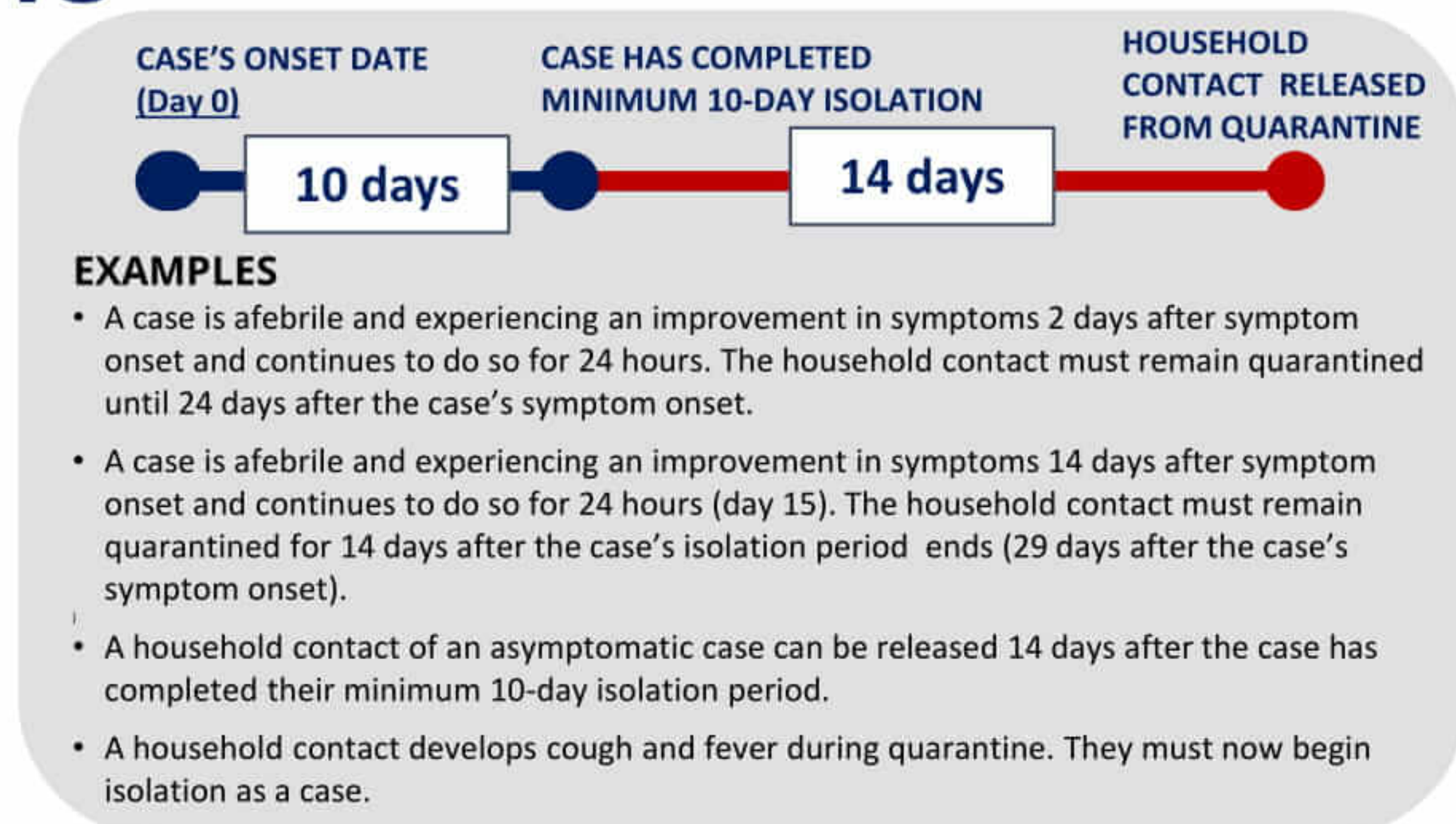
If a household contact develops symptoms of COVID-19, they become a case. They should begin isolation as a case and consider getting tested.

*If the case can separate from household members for their entire isolation, household members may be treated as non-household contacts and begin quarantine after their last close contact with the case. To be considered a non-household contact:

- The case must never be in the same room as household members.
- The case cannot share plates, cups, dishes or phones with others.
- The case should have their own bathroom. If that isn't possible, the household must conduct daily cleaning.

NON-HOUSEHOLD CONTACTS

Must be quarantined for 14 days after the date of last exposure* to the case, regardless of whether the case was symptomatic.



Notes:

- Household contacts will often need to remain at home longer than the initial case.
- If a case has been released from isolation and symptoms return, household contacts do not need to restart the 14-day period as long as the case has completed the minimum 10-day isolation and had symptom resolution for a minimum of 24 hours.



*Exposure means contact with a case during the time period **beginning two days prior to case's symptom onset** (or specimen collection date if case is asymptomatic) through the end of the case's isolation period.