

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075159</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CASSENA CARE AT NORWALK</b>		STREET ADDRESS, CITY, STATE, ZIP <b>23 PROSPECT AVENUE NORWALK, CT 06850</b>	
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 <b>F 0812</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Some</p>	<p><b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b></p> <p>Based on observation, review of facility documentation, facility policy, and interviews, the facility failed to maintain an accurate record of the dishwasher temperatures. The findings include: Observation on 5/24/20 at 9:08 AM with Cook #1 in the kitchen identified the May 2020 dishwasher temperature log had been completed for the dates of 5/24/20 through 5/30/20 for breakfast and lunch. Interview on 5/24/20 at 9:08 AM with DA #1 identified she was not aware that the dishwasher log had been filled out through the end of the month. DA #1 indicated she does not know who filled out the log. Interview on 5/24/20 at 9:10 AM with Cook #1 identified he was not aware that the dishwasher log had been filled out through the end of the month. Interview on 5/24/20 at 9:19 AM with DA #2 identified she was not aware that the dishwasher log had been filled out through the end of the month. DA #2 indicated she does not know who filled out the log. Interview on 5/24/20 at 9:30 AM with the Assistant Administrator indicated he was not aware the dishwasher log had been filled out through the end of the month and indicated that staff should not fill out the form ahead of time. Interview on 5/24/20 at 10:00 AM with the Administrator indicated she was not aware the dishwasher log had been filled out through the end of the month. Review of the Dish Machine Temperature Checks policy identified in complying with infection control standards, temperature checks shall be conducted on the water for the dish machine. Prior to using the dish machine, staff shall check the temperature of the dish machine water. Washing temperature shall be 180 degrees F or higher and final rinse shall be 180 F or higher. The temperature checks shall be logged on the Dish Machine Temperature Log form.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE	

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.