

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075200	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2020
NAME OF PROVIDER OF SUPPLIER REGALCARE AT SOUTHPORT		STREET ADDRESS, CITY, STATE, ZIP 930 MILL HILL TERRACE SOUTHPORT, CT 06890	
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 - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, review of facility documentation, facility policy and interview the facility failed to ensure kitchen staff monitored and documented the dishwasher temperatures according to the policy to prevent the spread of infection. The findings include: Review of the July 2020 dishwasher temperature log with the ADNS and Cook #1 on 7/9/20 at 10:20 AM identified the log was incomplete. The log failed to reflect documentation of temperature monitoring for breakfast and lunch on 7/3/20, 7/4/20, 7/5/20, 7/6/20 and 7/7/20. Additionally, the log failed to reflect documentation of temperature monitoring for dinner on 7/1/20, 7/2/20, 7/3/20, 7/4/20, 7/5/20, 7/6/20 and 7/7/20. Interview with Cook #1 on 7/9/20 at 10:21 AM identified he was not aware the dishwasher temperatures were not being monitor and documented. Cook #1 indicated the kitchen staff will be in-service regarding the dishwasher temperature and documentation. Interview with the ADNS on 7/9/20 at 10:22 AM identified she was not aware of the issue. The ADNS indicated she will notify the kitchen director of the issue and an in-service will be given to all the kitchen staffs on the importance of monitoring and documenting the dish machine temperature. Subsequent to surveyor inquiry in-service sheet dated 7/9/20 identified staff must log in temperature of dish washer before each meal. Review of the dishwasher use policy identified all dining services employees shall follow appropriate dishwashing procedures. Staff must maintain a log of wash and rinse temperatures three times daily. The dishwasher should be run through a few cycles to ensure that appropriate temperatures exist before commencement of dishwashing.		
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.