F 000 INITIAL COMMENTS

Unannounced visits were made to the facility on 8/3, 8/4, 8/5, and 8/6/15 by representatives of the Facility Licensing & Investigations Section for the purpose of conducting a certification survey, a licensure inspection, and a complaint investigation.

Abbreviations which may be used throughout this document include the following:

ADL(s) - activities of daily living
ADNS/ADON - Assistant Director of Nursing
APRN - Advanced Practice Registered Nurse
BIMS - Brief Interview for Mental Status
BUN - Blood Urea Nitrogen
C-Diff - Clostridium Difficile (Colitis)
COPD - chronic obstructive pulmonary disease
CVA - cerebrovascular accident (stroke)
DNS/DON - Director of Nursing
DTI - deep tissue injury (pressure related)
ED/ER - emergency department of acute care hospital
ESBL - Extended spectrum beta-lactamase
ESRD - End Stage Renal Disease
FSS/FSD - Food Service Director/Food Service Supervisor
GI - gastrointestinal
I&O - intake and output monitoring/measuring
IV - intravenous
LPN - Licensed Practical Nurse
MD - Medical Doctor
MDS - Minimum Data Set (interdisciplinary assessment tool)
MI - myocardial infarction (heart attack)
MRSA - Methicillin Resistant Staphylococcus Aureus

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.
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<tr>
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| F 000         | Continued From page 1  
MDRO - Multi Drug Resistant Organisms  
NA - Nurse Aide  
OT - Occupational Therapist  
PT - Physical Therapist  
RCP - resident care plan  
RN - Registered Nurse  
SW - Social Worker  
VRE - Vancomycin Resistant Enterococcus |
| F 241         | 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY  
The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.  
This REQUIREMENT is not met as evidenced by:  
Based on review on review of clinical records, observations, and interviews for two of six residents reviewed for dining services, (Residents #93 and #187), the facility failed to provide dining services in a dignified manner. The findings include  
1a. Resident #93 (R #93) had diagnoses that included dementia with behavior disturbances, vitamin D deficiency and anemia. Review of the care plan dated 7/30/15 identified that R #93 had difficulty with completing ADLs including eating, with interventions that included to cue the |  
| 8/21/2015     | F 241  
Resident #93 and #187 were given their meal trays and were provided dining services in a dignified manner.  
All residents who need extensive assist on eating have the potential to be affected. These residents will have their meal trays delivered in the first meal truck per unit and will be served meals at the same time.  
All Nurses and CNAs will be re-educated about dignified dining experience. All residents requiring extensive assist will have their meals delivered in the first meal truck on each unit and these residents will be served and feed at the same time. |
**F 241** Continued From page 2 resident and/or provide extensive assistance with meals. The quarterly minimum data set (MDS) dated 8/1/15 identified that R #93 had moderately impaired cognition and required staff to provide extensive assistance with ADLs including eating.

b. Resident #187 (R #187) had diagnoses that included dysphagia and Lewy bodies dementia. The quarterly MDS dated 7/25/15 identified that R #187 had a Brief Interview of Mental Status (BIMS score) of ten out of fifteen, indicative of moderate cognitive impairment, and required one staff to provide extensive assistance with eating. Review of R #187’s care plan dated 7/28/15 identified that R #187 required total assistance with ADLs because of decreased ability to complete ADL tasks.

Observation of the evening meal in the Bamboo dining room on 8/5/15 at 5:40 PM identified that Residents #26, #93 and #187 were sitting at the same table while NA #5 assisted R #26 with his/her meal. R #187 was observed to attempt to stand up from his/her seat at the table several times and requested food. NA #5 continued to assist only R #26 with his/her meal while Residents #93 and #187 continued to wait for their meal. Interview with NA #5 at the time of the observation indicated that it was not unusual for the other residents to sit at the table while they waited for the second meal cart to arrive, thirty minutes after the first cart was delivered.

Interview with the Director of Nurses on 8/6/15 at
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<th>PROVIDER'S PLAN OF CORRECTION</th>
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<td>F 241</td>
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<td>F 241</td>
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<td>The residents were served on disposable paper and utensils while the dishwasher was being fixed.</td>
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<tr>
<td>F 456</td>
<td>S=D</td>
<td>483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION</td>
<td>F 456</td>
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<td>All residents have the potential to be affected. The dishwasher was serviced by the repair company and dishwasher water temperature is being checked prior to meal service each shift with the temperature being maintained per manufacturer’s recommendation.</td>
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The dishwasher policy was changed to reflect the manufacturer’s recommended minimum wash temperature. All kitchen employees will be educated on the updated dishwasher policy reflecting required temperature which is wash 160 degrees and final rinse of 180 degrees.

The cook for the shift will monitor the temperature of the dishwasher prior to meal service. This will be recorded on the Dishwasher log and any variation will be reported to the Food Service Director or Designee immediately for real time intervention.
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<td>F 456</td>
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<td>metal sign attached to the dishwasher, above the thermostat, that directed staff to ensure a minimum hot water wash temperature of 160 degrees and a minimum rinse temperature of 180 degrees. Dietary Director #2 stated that the label on the dishwasher was mislabeled and the required minimum temperature was only 140 degrees F.</td>
<td>F 456</td>
<td>The Food Service Director will audit the dishwasher temperature log to ensure that the dishwasher temperature is maintained according to the manufacturer's recommendation.</td>
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<td>29 HIGHLAND ST</td>
<td>STREET ADDRESS, CITY, STATE, ZIP CODE</td>
<td>WEST HARTFORD, CT 06119</td>
<td>Interview with Dietary Director #2 on 8/3/15 at 11:30 AM identified that the manufacturer's guidelines directed the minimum required hot water wash temperature be 160 degrees F. Subsequent to surveyor inquiry, The Dietary Director #2 stated the facility would call the dishwasher repair company, and switch to disposable dinnerware for the noon meal. Review of the facility dishwasher temperature log for the months of May, June, July, and August of 2015 identified the following recorded temperatures and had the following low temperatures recorded: The documentation identified that in May 2015, hot water wash temperatures were recorded under 160 degrees on sixty eight out of one hundred and eighty six (68 out of 186) opportunities and that two temperatures were not recorded. In addition two temperatures recorded on 5/14/15 were documented at 130 and 135 degrees F. The documentation identified that in June 2015, hot water wash temperatures were recorded under 160 degrees on sixty three out of one hundred and eighty (63 of 180) opportunities. The documentation identified that in July 2015,</td>
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F 456 Continued From page 5
hot water wash temperatures were recorded under 160 degrees on forty of one hundred and eight six (40 out of 186) opportunities with one temperature not recorded

The documentation identified that in August 2015, hot water wash temperatures were recorded under 160 degrees on two out of fourteen (2 of 14) opportunities.

Interview and review of facility documentation with Dietary Director #2 on 8/3/15 at 2:45 PM identified the dishwasher temperature log had numerous temperatures recorded that were under the manufacturer's recommended hot water wash temperature of 160 degrees F. Dietary Director #2 stated the Dietary Director was responsible to review the dishwasher temperature logs but that the facility did not intervene based on the lower temperatures because the facility's parameters identified the minimum wash temperature as 150 degrees.

Additional review of the dishwasher temperature logs with the Administrator on 8/3/15 at 2:45 PM identified the low wash temperature recorded on 5/14/15 of 130 degrees and 135 degrees. The Administrator and Dietary Director #2 were not aware of any interventions put into place on 5/14/15 based on the low temperatures. Further review of the temperature log identified that although the manufacturer's minimum hot water wash temperature was 160 degrees F, the log contained directions listing the minimum wash temperature was 150 degrees F.

Interview with Person #1, the dishwasher repair person, on 8/3/15 at 3:00 PM identified that the minimum hot water wash temperature for the

The residents were not affected by the fan that was blowing air towards the cook.

All residents have the potential to be affected. The fan was immediately removed and was taken out of circulation.

All kitchen employees will be educated not to use portable fan in the kitchen.

Engineering department will be notified not to issue any portable fan to the kitchen.

The Food Service Director will audit compliance and visually ensure that no portable fan is used in the kitchen.

The Food Service Director will be responsible for the education and compliance of the plan of correction.
**HUGHES HEALTH AND REHABILITATION**

**STREET ADDRESS, CITY, STATE, ZIP CODE**
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WEST HARTFORD, CT 06119

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<td>F 456</td>
<td>Continued From page 6 dishwasher machine used by the facility was 160 degrees F. Observation and interview with The Dietary Director #2 on 8/4/15 at 9:30 AM identified the hot water wash temperature was 154 degrees F. Dietary Director #2 stated that the facility would use disposable dinnerware until the dishwasher machine was repaired. Observation and interview with the Dietary Director on 8/5/15 at 9:25 AM identified the hot water wash temperature was 166. Dietary Director #2 stated that the thermostat and sensor inside the hot water booster were replaced. Observation of the dishwasher on 8/6/15 at 9:53 AM identified the hot water wash temperature was 164 degrees F. Although review of the Facility's Food Handling Policy identified in part, that the dishwasher wash temperature be 150 degrees Fahrenheit, review of the Hobart manufacturer dishwasher specifications directed that the machine was designed to clean and sanitize with hot water at a minimum of 160 F.</td>
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<td>Please note that the filing of this Plan of Correction does not constitute any admission as to any of the alleged violations set forth in this statement of deficiencies. This Plan of Correction is being filed as evidence of the facility's continued compliance with all applicable laws.</td>
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2. Observation of the tray line on 8/5/15 at 11:15 AM identified a fan blowing air directed at Cook #1 and the tray line where he/she was plating the food. The fan was observed to have multiple reddish brown areas on the plastic base, The center of the wire frame front on the fan and the protective wire grate covering the fan blades had a moderate amount of gray, dry, fluffy matter on the grate and in front of and behind the fan blades.
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<td>F 456</td>
<td>Continued From page 7 Interview with Cook #1 at the time of the observation identified he/she was using the fan because he/she was hot but that he/she should not be using it. Observation of the fan and subsequent interview with Dietary Director #2 on 8/5/15 at 11:15 AM identified that the fan was a sanitation issue and should not be there. Subsequent to surveyor inquiry, Dietary Director #2 removed the fan from the kitchen. The Facility did not provide a policy to direct use of fans in the kitchen area and/or a policy to direct regular cleaning of fans used.</td>
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