

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075159	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/05/2020
NAME OF PROVIDER OF SUPPLIER CASSENA CARE AT NORWALK		STREET ADDRESS, CITY, STATE, ZIP 23 PROSPECT AVENUE NORWALK, CT 06850	
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 - Few	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 and interviews, the facility failed to ensure staff wore hair restraints (hairnets) when working in the kitchen. The findings include: Observation on 9/5/20 at 10:22 AM identified Dietary Aide (DA) #1 without the benefit of a hair restraint working in the dishwashing station within the kitchen. Interview with DA #1 on 9/5/20 at 10:23 AM identified that although she was aware she should wear a hair net, she forgot to put it on. Interview with RN #1 on 9/5/20 at 10:31 AM identified hair restraints should be worn in the kitchen during working hours. RN #1 indicated an in-service would be given to all dietary staff regarding hair restraints. Review of the Uniform policy identified all dietary staff are to be in proper uniform, including name badge. All dietary staff will be in proper clothing for work, this includes chef coat, or cooks shirt, black pants (not jeans), appropriate head covering when in the kitchen (hat, hairnet) as well as name badge.		
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.