STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075084	A. Building B. Wing	05/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Maria Nursing and Rehabilitation Community	20 Babcock Avenue Plainfield, CT 06374

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on clinical record review, facility policies, and interviews for pharmacy services, the facility failed to ensure accurate reconciliation of all controlled substances when staff did not document an accurate inventory of controlled substances at the change of shift. The findings include:Review of the facility Count Sheet Narcotics and Sedatives form for three (3) units for March 2026 identified there were a combined total of 279 shifts that controlled medications should have been counted. Of those 279 shifts, the clinical staff failed to document the control substance count 54 times. Review of the facility Count Sheet Narcotics and Sedative form for three (3) units for April 2026 identified there were a combined total of 270 shifts that controlled medications should have been counted. Of those 270 shifts, the clinical staff failed to document the control substance count 67 times. Interview with the Director of Nursing (DON) on 5/11/26 at 3:00 PM identified it was the licensed nurse's responsibility to complete the Count Sheet Narcotics and Sedative form at the change of every shift, and she was not aware of the reason this was not getting done consistently. The DON further identified the facility failed to follow its policy.The Controlled Substance facility policy identified, in part, controlled substances are reconciled upon receipt, administration, disposition, and at the end of each shift. The policy further identified that at the end of each shift the nurse coming on duty and the nurse going off duty count the medications together.

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(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 - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, facility policies, and interviews for food and nutrition services, the facility failed to ensure food and drink items were labeled, expired food items were disposed of, and the Dining Room steam cart was clean and sanitary. Findings include:Tour of the facility on 5/11/26 at 10:45 identified the following:The Nourishment Room freezer contained expired ice pops, an unidentified frozen item in a cup, pancakes, and a water bottle and the Nourishment Room refrigerator contained expired yogurt cups and marshmallows, an unlabeled opened supplement drink, and multiple unlabeled supplements. The Nourishment Room supplement refrigerator contained expired supplemental ice creams and shakes. The Dining Room contained bread, individually packaged rolls, waffles, and potato chips which were opened and unlabeled and crescent rolls which had expired.Observation with the Director of Food service identified one compartment of the base of the steam table which was dirty and the Director of Food service identified it may have been caused by a spill of gravy.An interview with Dietary Aide (DA) #1 on 5/11/26 at 10:45 AM identified it was her responsibility to ensure that the food items in the Nourishment Room and the supplement refrigerator were monitored daily and that all food items were labeled and expired food items were removed. She was not aware of the reason unlabeled and expired food items were found in these locations.An interview with the Director of Food Service on 5/11/26 at 11:20 AM identified dietary aides were responsible for checking all unit refrigerators daily to ensure all food items were labeled and to dispose of anything that was unlabeled or expired. The cooks were responsible for doing the same for the refrigerators in the kitchen. The Director of Food Service was responsible for ensuring the cleanliness of all equipment used for the preparation, service, and storage of food. The Director of Food Service further identified staff did not follow the facility procedure for food storage and cleanliness. Although the Director of Food Service provided staff expectation guidelines that were given to new employees upon hire, the direction failed to identify who was responsible for labeling all food items and for checking for exposed items and the frequency of doing both. The Second Shift Cooks Duties form identified all stock that gets delivered must be dated and put in the proper place with the dates and stock rotated and the dietary aides must assist with this as well.