

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/30/2026
Form Approved OMB
No. 0938-0391

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 05/20/2026
NAME OF PROVIDER OR SUPPLIER Norwalk Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, review of the clinical record, facility documentation, facility policy, job descriptions, and interview, the facility failed to ensure the environment was maintained in good repair and a homelike manner and for 1 of 2 residents (Resident #89) reviewed as part of the environment task, the facility failed to ensure a non-functioning toilet and leaking bathroom sink were repaired in a timely manner and for (5 of 7) sampled resident bathrooms, the facility failed to ensure soap. The findings include: 1. Observations on 5/18/26 at 12:20 PM through 12:45 PM with the Maintenance Director and on 5/20/26 at 5:44 AM through 7:00 AM identified the following issues: a. Damaged, torn, stains, white speck, marred, and/or peeling wallpaper in the bedroom walls on 4 East wing in rooms 401, 402, 405, 406, 407, 408, 411, 413, and 414. b. Damaged, chipped, stains, and/or marred bathroom walls on 4 East wing in rooms 401, 402, 403, 404, 405, 406, 409, 410, 412, 413, and 414. c. Damaged and/or cracks between wall and floor in the bathroom on 4 East wing in rooms [ROOM NUMBERS]. d. Damaged, bent, and/or missing window blinds in bedroom on 4 East wing in rooms [ROOM NUMBERS]. e. Damaged, broken, missing, peeling and/or dirty cove base in the bedroom on 4 East wing in rooms [ROOM NUMBER]. f. Damaged, broken, and/or missing toilet bowl cover in bathroom on 4 East wing in rooms [ROOM NUMBER]. g. Stains, dirt, debris, spider webs, and/or wax build up on floors crevices and corners in the bedroom on 4 East wing in rooms 402, 405, 406, 409, 410, 411, and 412. h. Stains, dirt, debris, spider webs, and/or wax build up on floors crevices and corners in the bathroom on 4 East wing in rooms 405, 406, 411, 413, and 414. i. Damaged and/or missing bathroom floor tile on 4 East wing in rooms [ROOM NUMBERS]. j. Damaged and/or missing bedroom floor tile on 4 East wing in rooms [ROOM NUMBERS]. (continued on next page)		

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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	k. Winged flying black insects in bedroom and bathroom on 4 East wing in rooms 401, 402, 403, 404, 406, 407, 408, 409, 410, 411, and hallways. l. Damaged, chipped, marred, rusty and/or peeling door frame in the bathroom on 4 East wing in rooms 401, 403, 405, 409, and 410. m. Stains, dirt and/or brown spots on the privacy curtain in bedroom on 4 East in room [ROOM NUMBER]. Interview with the Director of Maintenance on 5/18/26 at 12:45 PM identified he was aware of some of the issues identified during the survey. The Director of Maintenance indicated that maintenance of the facility is ongoing. The Director of Maintenance indicated that staff are responsible to notify the maintenance department with issues or problems that require repair. The Director of Maintenance indicated he does perform environmental rounds. The Director of Maintenance indicated going forward the maintenance department will address the environmental issues in a timely manner. Interview with the Administrator on 5/18/23 at 1:20 PM identified she has been employed by the facility for approximately 7 months. The Administrator indicated she was aware of some of the issues identified with the environment during the survey. The Administrator indicated it is the responsibility of the maintenance department to oversee the repairing of any issues regarding the facility. The Administrator indicated she does do environmental rounds. The Administrator indicated she will be meeting with the Maintenance Director, maintenance department, Housekeeping Director, and housekeeping staff regarding the environment. Interview with the DNS on 5/19/26 at 2:25 PM identified she has been employed by the facility since 12/2025. The DNS indicated she was aware of some of the issues identified with the environment during the survey. The DNS indicated that the maintenance department is responsible to maintain the resident rooms in a homelike environment at all times. The DNS indicated she will have a meeting with the nursing staff regarding the environment. Interview with RN #1 on 5/20/26 at 10:30 AM identified she has been employed by the facility since 9/2025 in the Infection Preventionist (IP) position. RN #1 indicated she was aware of some of the issues identified on the 4 East wing. RN #1 indicated she performs environmental rounds once a month. RN #1 indicated she informed the Maintenance Director/Housekeeping Director with issues and findings. Review of the facility infection control rounds identified the facility has established and maintains an infection control program designed to provide a safe, sanitary, and comfortable environment in which patients live to help prevent the development and transmission of disease and infections. The maintenance director job description identified he/she is responsible for the overall maintenance operation of the facility, and he/she is responsible for performing repairs and maintenance on equipment. Maintains the building and grounds in compliance with Federal, State, and local laws. The director of housekeeper job description identified is responsible for efficiently managing the supervisor of housekeeping and the building housekeeping and laundry operations as well as staff. Manages department in order to maintain the master cleaning plan for the entire facility. (continued on next page)		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the Housekeeping Aide job description identified that the housekeeping aid ensures the center is maintained in a clean and sanitary condition at all times; responsibilities included: following specific cleaning and service instructions, following cleaning procedures in a safe manner, checking stock and notifying the supervisor of supply needs, and maintaining equipment in good working condition. Review of the Housekeeping Director job description identified that the Director of Housekeeping was responsible for efficiently managing housekeeping and laundry operations as, well as staff. Responsibilities included: managing the master cleaning plan for the entire community, assuring that supplies were ordered on a timely basis, inventoried quarterly, and stored in a secure area, and ensuring that staff were fully trained on safety procedures for refilling self-dispensing chemicals. The Hand Hygiene policy directs the facility to follow a hand hygiene protocol in preventing the spread of potential pathogens on the hands. All personnel must perform hand hygiene as per standard guidelines. Guidelines for hand hygiene: before and after each resident contact, before placement of personal protective equipment and following removal, before, during, and after food preparation, before and after eating, after using tissues, resident hand hygiene should be performed after toileting and before meals, after touching inanimate sources that are likely to be contaminated with bodily fluid (i.e. a residence personal care item such as urinals), before handling a resident's food, before going home at the end of the day, as indicated in specific protocols, and when in doubt about the necessity for hand hygiene personnel are encouraged to wash hands.		