

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075272	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER St Joseph's Residence		STREET ADDRESS, CITY, STATE, ZIP CODE 1365 Enfield St Enfield, CT 06082	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>48880</p> <p>Based on observations of the kitchen and staff interviews, the facility failed to ensure that temperature logs for kitchen refrigerators were consistently completed and failed to ensure clean dishes were stored away from potential contaminants. The findings included:</p> <p>1. An initial observation of the kitchen with the Food Service Manager on 3/24/2025 at 11:00 AM identified the temperature log for March 2025 for Produce Cooler #1 and Produce Cooler #2 were missing morning temperatures for 3/23/2025. A review of the February 2025 temperature logs identified the morning temperature for 2/28/2025 for Produce Cooler #1 and Produce Cooler #2 were missing. Although requested, the facility was unable to provide a temperature log for January 2025.</p> <p>An interview with the Food Service Manager identified when he started in mid-January 2025, he may have discarded old temperature logs when implementing new forms. After the surveyor inquiry, the Food Service Manager provided copies of the February and January 2025 temperature logs with the missing temperatures. The Food Service Manager indicated that he had called the cook working on 3/23/2025 and 2/28/2025 who indicated to the Food Service Manager that the temperatures were within normal range, but she/he had forgotten to complete the log. An interview with the Administrator on 3/25/2025 at 12:28 PM identified the facility did not have the missing refrigerator temperature logs secondary to the logs may have been discarded or misplaced with the change in management. The Administrator further indicated the older logs should have been maintained.</p> <p>2. An observation of the dish room with the Food Service Manager on 3/24/2025 at 11:15 AM identified a large fan with a large amount of gray-colored debris and lint blowing over clean dishes, including pots, pans, and utensils. An interview with the Food Service Manager indicated the clean dishes were from breakfast service and the fan was used for keeping staff cool in the dish room. The Food Service Manager further indicated maintenance is responsible for cleaning fans.</p> <p>An interview with Food Service Aide #1 who was working in the dish room on 3/24/2025 at 11:20 AM identified she was told that fans were okay to be blowing on the dishes if far enough away from the dishes. Food Service Aid #1 was unable to recall when and from whom she had received the information.</p> <p>After surveyor inquiry, maintenance cleaned the fan in the dish room.</p> <p>(continued on next page)</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 075272
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility policy for Food Safety Requirements given during the survey notes, the facility must store, prepare, distribute, and serve food in accordance with professional standards for food safety.		