STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075299	A. Building B. Wing	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chelsea Place Care Center LLC	25 Lorraine St Hartford, CT 06105

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, observations, facility documentation, and interviews for one (1) of four (4) sampled residents (Resident #2) who had documented food allergies, the facility failed to provide meals that were free of the items Resident #2 was allergic to. The findings include: Resident #2's diagnoses included asthma, anxiety, and pulmonary embolism. A physician's order dated 3/31/25 directed a regular diet. The nursing admission assessment dated [DATE] and the nutritional assessment dated [DATE] did not address the topic of food allergies. The admission Minimum Data Set assessment dated [DATE] identified Resident #2 was alert and oriented to person, place, time, and situation, and was independent with eating. A physician's order dated 4/30/25 identified food allergies to mayonnaise and eggs were added. The May 2025 allergy report identified Resident #2 had food allegories to mayonnaise and eggs. The facility menu dated 5/9/25 identified the alternate dinner food items were tomato soup and a tuna fish sandwich. The facility menu dated 5/10/25 identified the lunch menu included potato salad. Interview with the Director of Food Service on 5/27/25 at 12:25 PM identified the process of being made aware of a resident's food allergies was that the nursing staff would alert the kitchen and then the allergies would be printed on the dietary ticket. The dietary aides on the food line were responsible for reading the tickets to ensure the residents were not served something they were allergic to and if food was plated that the resident was allergic to, the nurse aide or nurse should have identified that and notified the kitchen for a replacement. The Director of Food Services indicated she had been made aware Resident #2 was allergic to a food item that was served. The food allergy had not been listed on the resident's record and the record was updated on 4/30/25 to reflect the food allergies which consisted of eggs and mayonnaise. The Director of Food Service identified those items should not have been served after that point. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with Resident #2 on 5/27/25 at 1:15 PM identified on 5/10/25 he/she had been served potato salad for lunch and was allergic to mayonnaise. Resident #2 identified he/she had been served food he/she was allergic to on multiple occasions and had received tuna fish the day before. Resident #2 indicated he/she tried to address getting the wrong food with both the nurse aides and the nurses on the unit but got the same response from them that they could not do anything about it because it was an issue with the kitchen. Observations on 5/27/25 at 1:25 PM identified Resident #2 was served a meal consisting of macaroni and cheese, a roll, milk, and what appeared to be a ham salad sandwich. The Food Service Director came to the room after the nurse aide and charge nurse were not able to identify the sandwich as being ham salad, verified the sandwich was a ham salad which was made with mayonnaise, took the sandwich from Resident #2's room and got a peanut butter and jelly sandwich to substitute. Interview with the Director of Nursing (DON) on 5/27/25 at 2:40 PM identified if a resident had any issues with the food they were served it was the responsibility of the charge nurse to call the kitchen to resolve the issue. The DON indicated Resident #2 should not have been served a food he/she was allergic to.