

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075411	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Matulaitis Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 10 Thurber Rd Putnam, CT 06260	
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 observation, staff interviews, and facility document review, the facility did not consistently complete sanitation logs for the sanitizing sink according to facility policy. The findings include:</p> <p>On 12/15/2024 at 10:15 AM a tour of the kitchen was completed with the facility dietary manager and assistant manager. A dietary aide was observed washing a pitcher in a 3-bay sink.</p> <p>There were two large gray baking pans soaking in the sanitizing sink (third bay from the left). The dietary aide indicated that she did not check the level of the sanitizer concentration because the cook checked it in the morning before the dishes were washed.</p> <p>A review of the facility documentation for pot sink and bucket sanitizer verification failed to identify that the sanitizer level was checked prior to the washing and sanitizing of the breakfast dishes.</p> <p>Further review of the pot sink and bucket sanitizer verification logs from 6/1/2024 to 12/15/2024 identified that for the months of June, October, and November 2024, there was no documentation of sanitizer verification for breakfast time. Additionally, for the months of July, August, September, and December, the sanitizer verification log was inconsistently completed, with several days missing for breakfast. For the months of June, July, October, November, and December, the sanitizer verification log was inconsistently completed, with several days missing for lunch.</p> <p>On 12/15/2024 at 10:30 AM an interview with [NAME] #1 indicated he filled the sanitizing sink with sanitizing solution in the morning when he came in to work and checked the concentration. [NAME] #1 indicated he does not always document the result of the sanitizer concentration test. Additionally, [NAME] #1 indicated that there are usually dishes for breakfast, lunch and dishes that are washed and sanitized in the 3-bay sanitizing sink daily.</p> <p>On 12/15/2024 at 10:45 AM an interview with the Dietary Manager indicated that it is the responsibility of the dietary staff to check the sanitizing solution before using it to sanitize dishes. The Dietary Manager further indicated that staff know how to check the sanitizer concentration but may forget to write it in the log.</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
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility policy for Sanitizing Sink identified that testing of the sanitizing solution should be documented each time the sink is refilled and that each person filling the sink is responsible for documentation.</p>		