

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/29/2024
NAME OF PROVIDER OR SUPPLIER  Edgehill Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  122 Palmers Hill Rd Stamford, CT 06902	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49100</b></p> <p>Based on observations during the tour of the kitchen, review of facility policy and staff interview, the facility failed to ensure expired food was discarded from the dry storage area and failed to date and label food items per facility policy. The findings included:</p> <p>Tour of the kitchen on [DATE] at 10:40 AM during the initial walk through with the Chef #1 identified the following:</p> <ol style="list-style-type: none"> <li>1. The dry storage room had the following food item with no expiration dates: 3 boxes of Gold Medal Chocolate Cake Mix. The Cake mix was most recently dated [DATE], however, the expiration year indicated [DATE].</li> <li>Interview with Chef #1 on [DATE] at 11:00 AM identified he and the dietary team are responsible for checking food items for expiration date weekly and disposing of expired items as needed.</li> <li>2. Further observation of the kitchen on [DATE] at 10:40 AM identified the salad fridge had a half bottle of blueberry sauce dated ,d+[DATE] that was not labeled or had a 'use by' date indicated.</li> <li>Interview with Chef 1 on [DATE] at 11:15 identified food should have a sticker indicating when the food was open and a used by date.</li> </ol> <p>The facility policy for food storage notes in part; dry food removed from original packaging should be labeled and have a use by date. The policy additionally stated all food stored in the refrigerator will be covered, labeled, and dated.</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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