

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075442	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/24/2025
NAME OF PROVIDER OR SUPPLIER  60 West		STREET ADDRESS, CITY, STATE, ZIP CODE 60 West Street Rocky Hill, CT 06067	

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>Based on a tour of the kitchen, observations, interviews, and facility policy, the facility failed to ensure that beards were covered when handling food on the steam table. The findings included:</p> <p>During observations of meal service on 6/18/25 at 11:45 AM with the Dietary District Manager, the following was identified:</p> <p>Cook #1 was at the steam table prepping food items for food service delivery. [NAME] #1 was placing hamburgers, chicken, and condiments in the compartments on the steam table without the benefit of wearing a beard restraint. [NAME] #1 had visible facial hair in the form of a goatee beard. Dietary Assistant (DA) #1 assisted [NAME] #1 with placing items on the steam table and was in direct contact with food items.</p> <p>DA #1's beard restraint was partially covering his beard with the right side of his face not completely covered with exposed facial hair.</p> <p>An interview with the Dietary District Manager on 6/18/25 at 11:50 AM indicated that [NAME] #1 should have been wearing a beard restraint as he was in direct contact with food. In addition, DA #1 beard restraint should have covered all of his beard.</p> <p>Subsequent to surveyor inquiry, the Dietary District Manager instructed [NAME] #1 and DA #1 to cover their beards.</p> <p>An interview with the Food Service Director on 6/20/25 at 8:30 AM indicated that without a doubt the beards should have been covered.</p> <p>A review of the Staff Attire Policy dated May 2014, directed, in part, that all staff members have their hair off the shoulders, confined to a hair net or cap and facial hair properly restrained.</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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