

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 405030	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2026
NAME OF PROVIDER OR SUPPLIER Millennium Institute for Advance Nursing Care Inc		STREET ADDRESS, CITY, STATE, ZIP CODE Calle Cosme Reparto San Lucas Rio Piedras, PR 00926	
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 - Many</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 observations of the Kitchen, review of policies procedures, daily kitchens temperature logs and facility staff interview performed on 03/10/2026 through 03/11/2026 from 8:00 AM through 4:00 PM, it was determined that the facility failed to comply with the required sink compartment sanitations and refrigerator temperatures. This deficient practice could affect 22 out of 22 residents admitted receiving care at the facility. Findings include: During the review of the three-compartment sink temperature log from March 2026, performed on 03/10/2026 at 1:33 PM, it was identified that the water inside the washing sink does not reach the required temperature of 110 degrees () Fahrenheit (F) indicated on the manufacturer's signs placed in front for reading listing below: 03/05/2026 - the temperature log documented by the mealtime was 108 F, no corrective action was taken or documented. 03/06/2026 - the temperature log documented by the lunch time was 109 F and by the mealtime was 108 F, no corrective action was taken or documented. 2. During the kitchen tour performed on 03/10/2026 at 10:40 AM, it was noted that the refrigerator #1 has a temperature of 48 F. 3. During the review of refrigerators temperature log from March 2026, the following was identified: a. Refrigerator #1 temperatures: 03/01/2026 - 6:00AM = 44 F 03/02/2026 - 6:00PM = 43 F 03/03/2026 - 6:00AM = 44 F and 6:00PM = 43 F 03/04/2026 - 6:00AM = 44 F 03/07/2026 - 6:00AM = 45 F 03/09/2026 - 6:00AM = 49 F and 6:00PM = 46 F 03/10/2026 - 6:00AM = 44 F. Refrigerator #2 Temperatures: 03/01/2026 - 6:00AM = 42 F 03/03/2026 - 6:00AM = 44 F 03/05/2026 - 6:00AM = 44 F 03/07/2026 - 6:00PM = 44 F 03/08/2026 - 6:00PM = 44 F. Refrigerator #3 Temperatures: 03/01/2026 - 6:00AM = 42 F 03/02/2026 - 6:00PM = 42 F 03/03/2026 - 6:00PM = 42 F 03/04/2026 - 6:00AM = 42 F 03/05/2026 - 6:00PM = 43 F 03/06/2026 - 6:00AM = 42 F and 6:00PM = 44 F 03/08/2026 - 6:00PM = 42 F 03/09/2026 - 6:00PM = 43 F 03/10/2026 - 6:00AM = 42 F. During an interview performed on 03/11/2026 at 10:35AM with the kitchen dietitian (employee #3) she stated that they became aware that the equipment was not providing the required temperatures and had communicated with the maintenance company to request verification and maintenance of equipment, but they did not provide an appointment confirmation.</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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