STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING AND INVESTIGATIONS SECTION

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
West Side Manor
9 West High Street
East Hampton, CT 06424

Signature of FLIS Staff
Glenna Fried, LCSW

Licensure Category:
Residential Care Home 1866

Licensed Bed Capacity: 41

Census: 38

Date(s) of onsite inspection: 9/4/2024

Date(s) additional information obtained: _____

Personnel contacted: Neeta Dhanraj, Person-in-Charge
Email Address: neeta.dhanraj@westsidemanor.com

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[ ] Licensing Inspection [ ] *Initial* [ ] *Renewal* [ ] *Other (e.g.strikes)*: _____

[ ] Visit **OR** Revisit for the purpose of reviewing the Plan of Correction for the violation letter dated

[X] See Complaint Investigation #40351

[X] Violations of the General Statutes of Connecticut and/or regulations of Connecticut State Agencies were identified at the time of this inspection. See attached violation letter dated 9/12/24

[ ] Desk Audit _____ [ ] Amended Letter: _____ Original Ltr. _____

[ ] Citation # _____ was issued to this facility as a result of this inspection.

[ ] Violations of the General Statutes of Connecticut and/or the regulations of Connecticut State Agencies **were not** identified at the time of this inspection.

[ ] Citation # _____ was/was not verified as corrected. See attached narrative report.

[ ] Narrative report/additional information attached.

[ ] See Certification File.

[ ] Referral(s) to _____

REPORT SUBMITTED BY: Glenna Fried, LCSW **DATE OF REPORT:** 9/5/24

[ ] Approval for issuance of license granted by: _____ **DATE:** _____
Supervisor/Title

The plan of correction shall be deemed to be the institution's representation of compliance with the identified state statutes or regulations identified in the department's notice of noncompliance. Any institution that fails to submit a plan of correction may be subject to disciplinary action.

You may wish to dispute the violation and you may be provided with the opportunity to be heard. If the violation is not responded to by September 26, 2024 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

Please return your response to the Supervising Nurse Consultant and direct your questions concerning the instructions contained in this letter to the Supervising Nurse Consultant at (860) 509-7400.

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

Karen Gworek, RN
Karen Gworek, RN, BSN
Supervising Nurse Consultant
Healthcare Quality and Safety Branch
Facility Licensing & Investigations Section

KEG:lst

cc. Mairead Painter, LTC Ombudsman Program

Complaint CT #40351

Complaint Ct # 40351

Approved 9/30/24 KEG

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (f) Dietary services (1).

1. Based on review of facility documentation and interviews, the facility failed to monitor prepared food temperatures prior to serving the meal. The findings include:
   a. Interview with Resident #5 during a tour of the facility on 9/4/24 at 11:05 AM indicated the hot food was often served cold at dinner and residents frequently microwaved the meal or went without eating it. Interview with Resident #6 during a tour of the facility on 9/4/24 at 11:10 AM identified the facility served ravioli that was cold the previous week, and it was not uncommon for hot foods to be served at a cooler temperature. Interview with Resident #7 during a tour of the facility on 9/4/24 at 11:26 AM reflected he/she felt that hot foods were sometimes served cold at meals. Interview and review of facility documentation with Cook #1 on 9/4/24 at 11:32 AM identified although the kitchen staff took temperatures of the food before it was served, there was no documentation of the food temperatures. Cook #1 identified she was unaware food temperatures should be documented for monitoring purposes. Although requested, a facility Dining policy was not provided.

Plan of Correction to Violation #1:

Plan of Correction to Violation #1

To rectify the cold food, the facility has purchased a temperature-controlled food cart to serve meals. The cart was implemented on 9/12/24. We have also Implemented a hot food temperature log sheet where we will be logging temperatures for all meals served. The head cook for the kitchen (Kathy) will be the person in charge and report weekly to Neeta any concerns or modifications if needed. All kitchen personnel have been advised.

attachment #1- Hot Food temperature Log

attachment #2- Facility Dinning policy

Attachment # 1

LOG 1
HOT FOODS TEMPERATURE LOG

DATE	MENU ITEM	END-POINT COOKING TEMPERATURE		HOLDING TIME AND TEMPERATURE				COMMENTS AND CORRECTIVE ACTION	INITIALS
		TIME	TEMP.	TIME	TEMP.	TIME	TEMP.		
2/3/19	CHICKEN CASSEROLE	11:30	167°F	12:30	150°F	1:30	130°F	REHEATED TO 165°F AT 2PM	CS

SPOT CHECK INTERNAL FOOD TEMPERATURES WITH A SANITIZED THERMOMETER

- Recommended internal temperature for **HOT FOODS**: 135°F or above (some states require 140°F)
- Recommended internal temperature for **REHEATED FOODS**: 165°F or above in 2 hours or less
- *Check your local food regulations to confirm your requirements*

FoodHandler risk nothing

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DINING AND SUBSTITUTION POLICY

Resident who refuses food served will be offered appropriate substitutes of similar nutritive value.

PROCEDURE

A. A list of available substitutions is posted by the Dietary.

B. When a resident refuses a food item, staff member will check available substitutions list and obtain resident's choice.

C. The Dietary Manager follows up to identify food preferences and assist with choices.

D. When possible, substitution will provide a similar nutrient value to the uneaten foods.

E. Staff member will document consumption of meal replacement or food substitute on the Flow Sheets per facility policy.

Attachment # 2

Attachment # 2