

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>075232</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>COBALT LODGE HEALTH CARE &amp; REH</b>		STREET ADDRESS, CITY, STATE, ZIP <b>29 MIDDLE HADDAM RD COBALT, CT 06414</b>	
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)		
F 0584  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<b>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and interviews, the facility failed to ensure a homelike environment in the resident rooms. The findings include: Observations during the facility tour on 9/19/20 at 2:00 PM with the Assistant Administrator identified: 1. room [ROOM NUMBER], had a beach ball sized water stain on the ceiling tile by above the window. 2. room [ROOM NUMBER], had a ceiling tile had come off of the track and was slightly bowed, and a basketball sized water stain on the ceiling tile directly over the resident's bed. There was also 2 baseball sized water stains on the ceiling tile over the television. 3. room [ROOM NUMBER], had five (5) basketball sized water stains on the ceiling tiles by the window. 4. room [ROOM NUMBER], had 2 baseball sized water stains over the resident's bed, and 2 beachball sized water stains above the window. Interview with the Maintenance Director on 9/19/20 at 3:00 PM identified that he/she was aware of the water stains in the aforementioned rooms. He/She stated that the ceiling tiles had been like that for approximately one (1) to two (2) months, because he/she was aware of the stained tiles prior to the facility getting a new roof, and the new roof was installed the end of June, or the beginning of July. He/she stated that he/she would fix the bowed ceiling tile in room [ROOM NUMBER] immediately, and would obtain new ceiling tiles and replace the stained ones.		
F 0812  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b> Based on observations, review of facility policy, and interviews, the facility failed to maintain food service equipment in a sanitary manner. The findings include: a. Observation of the ice machine identified a food like substance on the inside of the ice machine door. Inside the ice machine there were 3 small areas of a black colored undermined substance. The latch to the ice machine was noted to be covered in rust. Interview with the Assistant Administrator on 9/19/20 at 1:36 PM identified that he/she was unsure how often the ice machine was cleaned, and identified that he/she could not determine what the black like substance was inside the ice machine. He/she further identified that the pad lock to the ice machine needed to be replaced due to the amount of rust. Interview with the Housekeeping Director on 9/19/20 at 2:30 PM identified that they did not have any way to track when the ice machine was cleaned, but it had been cleaned within the past two (2) weeks and the policy was to clean the ice machine on a monthly basis. Review of the ice machine maintenance and cleaning policy identified that the ice machine will be cleaned quarterly. b. Observation of the refrigerator in the kitchen on 9/19/20 at 1:00 PM identified that it stored drinks and other food items that would be distributed to the residents. The refrigerator was noted with visible food particles on the insides of both of the doors and the bottom of the refrigerator on the outside was heavily coated in food substances. Interview with the Food Service Manager on 9/19/20 at 1:00 PM identified that although he/she was unaware of how often the refrigerator should be cleaned, he/she only cleans the inside of the refrigerator as he/she was unaware of the need to clean the outside as well. Interview and observation of the refrigerator with the Assistant Administrator on 9/19/20 at 2:40 PM identified that the inside ledge of the door and the outside of the refrigerator needed to be cleaned and would be cleaned as soon as possible. Review of the kitchen cleaning policy identified that the refrigerator will be cleaned at the end of each shift.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.