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



## LICENSING INSPECTION REPORT

***d/b/a Name and Address of Entity***
Park City Residential Care Home
752 Park Avenue
Bridgeport, CT 06604
M:

***Signature of FLIS Staff*** Marie Mathieu

**Licensure Category:** RCH

Licensed Bed / Bassinet Capacity: 50

Census: 42

**Date(s) of onsite inspection:** 1/22/18

**Date(s) additional information obtained:** 1/22/18

**Personnel contacted:** James Saunders → Manager
Jessica Ciullo → Co-Manager

**REVIEW/FINDINGS/PROCESS** (Complete all applicable categories)

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

[X] Visit **OR** Revisit for the purpose of ___

[X] See Complaint Investigation # CT 000 21758

[✓] 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 2/20/18

[ ] 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:** Marie Mathieu **DATE OF REPORT:** 2/9/18

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

# STATE OF CONNECTICUT
## DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor

Nancy Wyman
Lt. Governor

Healthcare Quality And Safety Branch

February 20, 2018

Matthew Martland, Person-in-Charge
Park City Residential Care Home
752 Park Avenue
Bridgeport, CT 06604

Dear Mr. Martland:

An unannounced visit was made to Park City Residential Care Home on January 22, 2018 by representatives of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation.

Attached is the violation of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which was noted during the course of the visit.

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 March 6, 2018 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

In accordance with Connecticut General Statutes, section 19a-496, upon a finding of noncompliance with such statutes or regulations, the Department shall issue a written notice of noncompliance to the institution. Not later than ten days after such institution receives a notice of noncompliance, the institution shall submit a plan of correction to the Department in response to the items of noncompliance identified in such notice. The plan of correction shall include:

(1) The measures that the institution intends to implement or systemic changes that the institution intends to make to prevent a recurrence of each identified issue of noncompliance;

(2) the date each such corrective measure or change by the institution is effective;

(3) the institution's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained; and

(4) the title of the institution's staff member that is responsible for ensuring the institution's compliance with its plan of correction.

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.

DATE(S) OF VISIT: January 22, 2018

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

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

Respectfully,

Karen Gworek, RN

Karen Gworek, RN
Supervising Nurse Consultant
Facility Licensing and Investigations Section

KEG:mb

cc: Nancy Shaffer

CT#21758

DATE(S) OF VISIT: January 22, 2018

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (m) Administration of Medications (2) (B) (ii) and/or (C) (iii).

1. Based on observations and review of facility documentation, facility policy and interviews, the facility failed to ensure that staff attendants administering medication had completed a certified medication administration program and/or had a valid certificate for administering medications. The findings include:

   Observations on 1/22/18 at 12:00 PM on the second floor identified a Staff Attendant administering medications. Interview on 1/22/18 at 12:12 PM with the Staff Attendant, #1, identified she was assigned to administer medication for the second and third floors. Review of the employees file identified that two (2) Staff Attendants were currently working without a valid certificate for medication administration and seven (7) Staff Attendants had a valid certificates. Interview on 1/22/18 at 2:10 PM with the Co-Manager identified that the home had two (2) Staff Attendants currently attending the medication administration program. The Co-Manager stated although the two (2) Staff Attendants had completed the written version of the program they are waiting to take the medication administration competency and are not presently medication administration certified. The Co-Manager identified per the direction of the Owner, the Staff Attendants could be place on the schedule to work and pass out medication without a valid certificate as long as they are in the program. Review of the administration of medication policy identified in accordance with the Connecticut General Statutes and Regulations of the Connecticut State agencies for Residential Care Homes to accommodate this need, selected staff that have successfully completed a Department of Public Health approved medication administration training program and are certified may administer medications. The Administrator or their designee will assign the staff person who will administer medications.

# *Park City Residential Care Home*

752 Park Avenue
Bridgeport, CT 06604
(203) 362-1000

Approved
5/1/18
KEG

State of CT
Dept of Public Health
Facility Licensing and Investigations
410 Capitol Ave PO Box 340308
Hartford, CT 06134-0308

April 29, 2018

RE: Park City RCH
Attn: Karen Gworek Fax: 1-860-509-7543

Our response suspected to your letter of February 20, 2018.

1.a Failure to ensure staff attendants administering medication had completed a certified medication administration program and/or had a valid certificate to administer same.

Effective April 25,2018 all attendants administering medications shall have a valid certificate to do same and/or have completed and passed the course approved by the State DPH.

The Administrator is responsible for ensuring that all attendants are in compliance with their Medication Administration Certificates and will review personnel files annually to preview any upcoming expiration.

Each year the Administrator will assess who needs upcoming recertification and schedule any attendant who needs to be recertified. All Attendants are advised that it is also their responsibility to be Med Certified per DPH guidelines, to be able to pass medicines.

Thank you for your attention to this matter.

Sincerely,

Matthew Martland Person in Charge-Park City RCH

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



## LICENSING INSPECTION REPORT

***d/b/a Name and Address of Entity***

Park City Residential Care Home
752 Park Ave
Bridgeport, CT. 06604
**M:**

***Signature of FLIS Staff***

Jennifer Flynn BS

**Licensure Category:** BCH

Licensed Bed / Bassinet Capacity: 50

Census: 48

**Date(s) of onsite inspection:** 4/20/17

**Date(s) additional information obtained:** _____

**Personnel contacted:** James Saunders, Jessica Cuello, office managers

**REVIEW/FINDINGS/PROCESS** (Complete all applicable categories)

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

[x] Visit **OR** Revisit for the purpose of F/U to the POC relative to the V. Is dated 10/10/14 and 6/29/15

[ ] See Complaint Investigation # _____

[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 5-11-17

[ ] 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:** Jennifer Flynn **DATE OF REPORT:** 4/21/17

[x] Approval for issuance of license granted by: Karen Gwarek RN BSN **DATE:** 4-26-17
Supervisor/Title

# STATE OF CONNECTICUT
## DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor

Nancy Wyman
Lt. Governor

Healthcare Quality And Safety Branch

May 11, 2017

Matthew Martland, Person-in-Charge
Park City Residential Care Home
752 Park Avenue
Bridgeport, CT 06604

Dear Mr. Martland:

An unannounced visit was made to Park City Residential Care Home on April 20, 2017 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a licensure inspection.

Attached are the violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which were noted during the course of the visit.

You may wish to dispute the violations and you may be provided with the opportunity to be heard. If the violations are not responded to by May 25, 2017 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

Please address each violation with a prospective plan of correction which includes the following components within fourteen days of the date of this letter:

1. Measures to prevent the recurrence of the identified violation, (e.g., policy/procedure, inservice program, repairs, etc.);
2. Date corrective measure will be effected;
3. The institution's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained; and
4. Identify the staff member, by title, who has been designated the responsibility for monitoring the individual plan of correction submitted for each violation.

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

Respectfully,
Karen Gworek RN
Karen Gworek, R.N.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

KEG:lsl

c. Nancy Shaffer

Connecticut Department of Public Health

Phone: (860) 509-7400 • Fax: (860) 509-7543
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph
*Affirmative Action/Equal Opportunity Employer*

DATE OF VISIT: April 20, 2017

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (b) Physical plant (S) and/or (c) Administration (5).

1. Based on observations and interviews, the facility failed to ensure the facility was maintained clean and/or in good repair. The findings include:
    a. On entrance to the driveway that fronts the building to the road, observations identified a painted sign posted on a fence with the name of the facility was not visible from the main road and a second sign was faded, washed out and not legible. Upon entrance to the building on 4/20/17 at 9:30 AM, interview with staff identified there have been many complaints from family members, health care workers and visitors that the facility was very hard to find secondary to the poor sign.
    Observations in the bathrooms of Rooms 204 and 304 identified the ceiling tiles had brown stains and were bulging over the shower.
    In Room #210 stained ceiling tiles were located around the smoke detector and sprinkler head.
    In Room #310 stained ceiling tiles were noted over the entrance to the room and the ceiling light did not have a cover in that room.
    In Rooms 204 and 401 the paint was peeling off the walls under the showerhead.
    In Rooms #201, #205, #209 and #407 the window blinds that were either bent or missing.
    Recliners, provided in each resident's room, were noted to have ripped arms where the stuffing was the surface fabric.
    In Rooms #201, #407 and #413 there was a strong odor of urine that permeated into the general hallway. The rugs in these rooms and Room 205 as well as the general hallway were noted to be stained. Interview with the staff member identified that the maintenance person would periodically clean the rugs but did not know the last time the rugs were cleaned.
    Observations during tour identified a resident lounge on each floor. The fourth floor resident lounge had no furniture and contained multiple large black plastic bags stacked and a mattress and a box spring standing against a wall.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (b) Physical plant (S) and/or (c) Administration (5).

2. Based on observations and interviews, for one resident who utilized oxygen, the facility failed to post a sign at the resident's door that oxygen was in use in accordance with the National Fire Protection Association (NFPA). The findings include:
    a. Observations during tour identified in Room #507 there was an oxygen concentrator and tank of oxygen in a stand and there was no sign posted at the resident's room door that indicated oxygen was in use. The NFPA directs rooms or cabinets containing compressed gases shall be conspicuously labeled.

DATE OF VISIT: April 20, 2017

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (f) Dietary (4).

3. Based on observations and interviews, the facility failed to monitor the temperatures of the refrigerator, freezer and dishwasher to ensure the equipment was functioning properly. The findings include:
    a. Review of the dishwasher temperature log identified the last water temperature had been documented was in October 2016. Interview with a staff member on 4/20/17 at 12:00 PM identified that the rinse cycle the temperature was one-hundred and eighty (180) degrees.
    b. Observations in the kitchen identified there were no thermometers in the multi-compartment freezer and/or refrigerator.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (b) Physical plant (O)(2) and/or (c) Administration (5).

4. Based on observations and interviews, the facility failed to monitor the generator to ensure proper function. The findings include:
    a. Review of the generator testing log identified that the generator was last tested on a full load in November 2016. Upon surveyor request, facility staff attempted to start the generator and the generator would not start. Interview with a staff member on 4/20/17 at 2:10 PM identified that the generator company had been contacted and visited the previous day (4/19/17) to quote the repairs needed.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (b) Physical plant (M)(4)(b)(7) and/or (c) Administration (5).

5. Based on observations and interviews, the facility failed to monitor the hot water temperatures to ensure the temperatures ranged between one-hundred and ten degrees to one-hundred and twenty degrees Fahrenheit (110-120 F.) at the fixture. The findings include:
    a. Review of the hot water log testing identified that testing had not been completed and/or logged since 4/2/15. Interview with staff members on 4/20/17 identified new piping had recently been installed in the mechanical room and the mixing valves were to be done next. The Office Manager #2 stated that residents had complained of cold water.

DATE OF VISIT: April 20, 2017

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (b) Physical plant (M)(3)(b)(4) and/or (c) Administration (5).

6. Based on observations and interview, the facility failed to provide functioning ventilation systems in resident bathrooms. The findings include:
    a. Observations of resident bathrooms identified that although vents were noted in the ceiling the vents did not have ventilating capability. Numerous rooms had odors and were hot and stuffy. Interview with staff members on 4/20/17 identified the residents could just open their windows.

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

7. Based on observations and interview, the facility failed to provide an active recreation program. The findings include:
    a. Observations throughout the facility failed to reflect recreational calendars were posted and/or occurring. Interview with a staff member on 4/20/17 at 10:30 AM identified that the recreational staff member retired one year ago and the position was not filled therefore no activities have been planned.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (m) Administration of medications (B)(C).

8. Based on review of personnel files and interviews for twelve of thirteen staff who administered medications, the facility failed to ensure the staff were certified to administer medications and/or that the facility had medication policies. The finding includes:
    a. Review of the staff's certificates to administer medications identified that of thirteen (13) certificates reviewed, only one was current until 4/16/18. All other certifications had expired in either 2016 or 2015. Interview with the Office Manager on 4/20/17 at 2:00 PM identified that the staff, to her knowledge, were not currently signed up for either a certification or recertification class. The Office Manager stated the facility did not have a medication administration policies outlining how the facility would administer medications, what types of medications, staff responsibilities, physician orders, pharmacy communication, storage of medications, record keeping etc. which should reflect best practice.

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (m) Administration of medications (E)(ii)(V) .

9. Based on review of the controlled medication administration records and interviews, the facility failed to document that the change of shift count for controlled medications had been conducted. The findings include:
    a. Review of the change of shift controlled medication counts from 3/3/17 through 3/23/17 identified missing signatures of the staff who had participated in the controlled medication count. Interview with the Office Manager on 4/20/17 at 2:15 PM identified this has been an ongoing problem and she has tried to monitor compliance.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (m) Administration of Medications (E)(ii)(V).

10. Based on review of Medication Administration Records (MAR) and interviews for four of five records, the facility failed to document on the Medication Administration Records that medications were administered according to physician orders. The findings include:
    a. Review of Resident #1's record, a physician's order directed Gabapentin 400 milligrams (mg) at bedtime and Ativan 0.5mg at bedtime. Review of the March 2017 Medication Administration Record failed to reflect documentation the medications had been administered on 3/9/17, 3/21/17, 3/28/17 and 3/29/17.
    b. Review of Resident #2's clinical record, a physician's order directed Trazadone 100mg at bedtime, Fluphenazine 20mg in the morning and evening, Lithium 300mg in the morning and 600mg in the evening, and Benzotropine 1mg in the morning and evening. Review of the March 2017 Medication Administration Record failed to reflect documentation the above listed medications were administered on 3/7, 3/21, 3/28/17 and 3/29/17.
    c. Review of Resident #3's record, a physician's order directed Geodon 80mg twice a day and Klonopin 1mg three (3) times daily. Review of the March 2017 Medication Administration Record failed to reflect documentation the Geodon was administered in the morning on 3/10/17, 3/17/17, and 3/25/17 and the evening dose on 3/12/17, 3/18/17, 3/21/17, 3/28/17 and 3/29/17 and the Klonopin in the morning on 3/10/17, 3/17/17, 3/23/17 and 3/25/17 and the noon dose on 3/14/17, 3/17/17, 3/18/17, 3/19/17 and 3/23/17 and the evening dose on 3/21/17, 3/28/17 and 3/29/17.
    d. Review of Resident #4's record, a physician's order directed Ativan 0.5mg in the morning not signed as given on 3/23/17; Pravastatin 80mg with evening meal, not signed as given on 3/21/17, 3/25/17, 3/28/17 and 3/29/17; Restoril 15mg at bedtime, not signed as given on 3/21/17, 3/25/17, 3/28/17 and 3/29/17; Metformin 1000mg in the morning not signed as given on 3/23/17 and evening, not signed off as given on 3/21/17, 3/25/17, 3/28/17 and 3/29/17; and Haldol 15mg in the morning, not signed

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

as given 3/23/17 and evening, not signed off as given on 3/21/17, 3/25/17, 3/28/17 and 3/29/17; Depakote 500mg and Cogentin 2mg twice a day, both were not signed as given on 3/7/17, 3/9/17 and 3/23/17 in the morning and on 3/21/17, 3/25/17, 3/28/17 and 3/29/17 in the evening.
Interview with the Office Manager on 4/20/17 at 2:30 PM identified that while she knew some medications were missing sign-offs and she intended to review the Medication Administration Record at the end of the month for appropriate signatures.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (5).

11. Based on observations and interviews, for one of forty-eight residents residing in the facility, the facility failed to implement a system to monitor a resident's non-compliance with the House Rules Agreement. The findings include:
    a. Observations in Room #302 identified the resident had been cooking on a hot plate in the bathroom, food was observed in the frying pan and a large bag of pots and pans was observed in the bathroom. The hot plate and cooking items were removed from the room. Interview with several staff members on 4/20/17 identified the resident had tried cooking in the room before, the cooking items were removed and the resident was reminded that cooking was not allowed in resident rooms. Interview with Office Manager #2 identified that he had observed the resident bringing in pots and pans and told the resident the cooking items were not allowed. The Office Manager stated the resident told him that he/she was just storing the items in anticipation of moving back into the community. The facility was unable to provide documentation and/or a plan as to how the resident was monitored to ensure after the first incident that the resident did not cook in the room again. Review of the facility House Rules Agreement identified cooking in the room was prohibited.

Approved
6-13-17
KEG

Re: April 20, 2017 Department of Public Health Inspection

1. A. Disputed. The sign for the building has been posted up on the gate at the front entrance to the building. The sign is visible from the street and has been posted in the same spot for previous inspections.

   Bathroom ceiling tiles in rooms 204 and 304 were replaced on 5/18/17 by maintenance. Maintenance will continue to check all ceiling tiles in rooms weekly and replace as needed.

   Ceiling tiles in room 210 around the sprinkler head were replaced on 5/18/17 by maintenance. Maintenance will continue to check all ceiling tiles in rooms weekly and replace as needed.

   Ceiling tiles in room 310 were replaced on 5/18/17 and light fixture cover was replaced on 5/18/17 by maintenance. Maintenance will continue to check all ceiling tiles and light fixtures weekly and replace as needed.

   Peeling paint around showerheads in rooms 204 and 401 was removed and repainted on 5/19/17 by maintenance. Maintenance will continue to check rooms weekly and paint as needed.

   Blinds have been ordered for rooms 201, 205, 209, 407 on 5/19/17 and will be put on windows upon arrival by maintenance. Floor aides will check condition of furniture in resident's rooms weekly and report any thing that needs to be repaired to Office Managers 1 and 2.

   Recliners for rooms 201,205,209, and 407 were ordered on 5/19/17 and will be placed in the rooms upon arrival by maintenance. Floor aides will check condition of furniture in resident's rooms weekly and report any thing that needs to be repaired to Office Managers 1 and 2.

   Carpets in rooms 201,205,407, and 413 were shampooed on 4/21/17 by maintenance. Hallway carpets were shampooed on 4/21/17 by maintenance. Maintenance will continue to monitor condition of carpets weekly and shampoo as needed.

   Chairs were placed in the lounge on 4/21/17. The large black plastic bags were removed on 5/4/17 by maintenance. The mattress and box spring was put back in the resident's room after moving out on 5/4/17 by maintenance.

2. A. Oxygen in use sign was posted next to resident's door on 4/20/17 by floor aide. Office manager 1 will ensure all residents on oxygen will have a sign placed outside their room.

3. A. Dishwater temperature logs are filled out. Held in-service with kitchen staff on 4/20/17 and 4/21/17 regarding current policy in effect for logging temperatures. Office managers 1 and 2 will monitor log sheets weekly.

   B. Thermometer for the freezer was in there. It wasn't visible due to freezer being full due to only having one freezer while other one is being replaced. Another thermometer was placed in refrigerator on 4/20/17. Kitchen staff will check refrigerator and freezer every day for placement of thermometers.

4. A. Maintenance person will check the generator once a month and document in the generator log book. Office Managers will check the log book monthly.

5. A. The mixing valves for the water were replaced on 4/21/17 by Buddy Schmidt Plumbing. The water temperature is 110 degrees. Maintenance will check water temperatures monthly.

6. A. There are vents located in each bathroom.

7. A. A recreation program was put together with existing staff and residents weren't coming down for activities. There are arts and crafts, painting, board games, movies, books, coloring supplies readily available for them. In the process of putting another program together with existing staff for the residents.

8. A. There are two classes scheduled for staff to attend for recertification. The first class was May 10th and 4 staff members attended. The second class is scheduled for May 30th, and 3 staff members will be attending. There are 2 staff members that completed the recertification class but the pass and pour hasn't been done yet. There are 2 staff members that are certified through their other jobs and both brought in a recent copy of their recertification on 4/21/17 and 4/23/17.
   There is a medication administration policy located in the policy and procedures book in the lobby.

9. A. An in-service was held with all med certified staff on 4/21/17 to review medication administration policy and conducting a control count at the beginning and end of each shift, along with proper documentation. Office managers will continue to monitor controlled drug count sheets every week.

10. A. Regarding Resident #1, in-service was held on 4/21/17 with med certified staff reinforcing current medication administration policy and reviewing proper documentation on the MAR. Office Manager #1 will continue to monitor MAR weekly for signatures.

    B. Regarding Resident #2, in-service was held on 4/21/17 with med certified staff reinforcing current medication administration policy and reviewing proper documentation on the MAR. Office Manager #1 will continue to monitor MAR weekly for signatures.

C. Regarding Resident #3, in-service was held on 4/21/17 with med certified staff reinforcing current medication administration policy and reviewing proper documentation on the MAR. Office Manager #1 will continue to monitor MAR weekly for signatures.

D. Regarding Resident #4, in-service was held on 4/21/17 with med certified staff reinforcing current medication administration policy and reviewing proper documentation on the MAR. Office Manager #1 will continue to monitor MAR weekly for signatures.

11. A. The hot plate was removed from room 302 while the inspector was here by Office Manager #2. The house rules were reviewed with the resident by Office Manager #1 on 4/20/17 and also informed her that her bags would need to be checked for cookware before going upstairs. Office Managers will do weekly checks of rooms.

Park City Residential Care Home

752 Park Ave., Bridgeport, CT., 06604

Tel. (203) 362-1000 Fax. (203) 366-5357

***FAX COVER SHEET***

Date: 6/13/17

Name of Addressee: Karen Gworek, RN

Company/Office: Supervising Nurse Consultant

Address: _____

Tel.: _____ Fax: 860-509-7543

Name of Addressor: Jessica & James (office Managers)

Re: _____

Response to letter

Please be advised that this document may contain personal/confidential information. The content of this information is for the name of the individual(s) and/or entity(s) on this fax sheet only. Disclosure, coping, and distribution of this contents information is herby prohibited. Thank you for your cooperation!

Number of pages, including cover sheet: 10

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



# LICENSING INSPECTION REPORT

*d/b/a Name and Address of Entity*

Park Place RCH PARK City Residential Care Home
752 Park Ave
Bridgeport CT 06604

*Signature of FLIS Staff*

Denise Soyars

Licensure Category: RCH

Licensed Capacity: 50 Census: 49

Licensed Capacity: ___ Census: ___

Date(s) of onsite inspection: 5/20/15

Date(s) additional information obtained: ___

Personnel contacted: Jessica Cuillo Office Manager

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[ ] Licensing Inspection [ ] *Initial* [ ] *Renewal* [ ] *Other*: ___

[ ] Desk Audit ___ [ ] Amended Letter: ___

[ ] Revisit for the purpose of ___

[✓] See Complaint Investigation # 18133

[X] See Reportable Event Investigation # 17992

[ ] See Certification File.

[✓] 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 6/29/15

[ ] 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.

[ ] Referral(s) to ___

**REPORT SUBMITTED BY:** Denise Soyars **DATE OF REPORT:** 6/19/15

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

# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

June 29, 2015

Matthew Martland, Person-in-Charge
Park City Residential Care Home
752 Park Avenue
Bridgeport, CT 06604

Dear Mr Martland:

An unannounced visit was made to Park City Residential Care Home on May 20, 2015 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting multiple investigation.

Attached are the violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which were noted during the course of the visit.

You may wish to dispute the violations and you may be provided with the opportunity to be heard. If the violations are not responded to by July 13, 2015 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

Please address each violation with a prospective plan of correction which includes the following components within fourteen days of the date of this letter:

1. Measures to prevent the recurrence of the identified violation, (e.g., policy/procedure, inservice program, repairs, etc.).

2. Date corrective measure will be effected.

3. Identify the staff member, by title, who has been designated the responsibility for monitoring the individual plan of correction submitted for each violation.

We do not anticipate making any practitioner referrals at this time.

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

Respectfully,

Karen Gworek RN SNC

Karen E. Gworek, R.N.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

KEG/DS:jpf

c. Nancy Shaffer

Complaints #17992 and #18133

*Phone: (860) 509-7400*
*Telephone Device for the Deaf (860) 509-7191*
*410 Capitol Avenue - MS # 12HSR*
*P.O. Box 340308 Hartford, CT 06134*
*An Equal Opportunity Employer*

DATE OF VISIT: May 20, 2015

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c)Administration (1) and/or (m) Administration of Medications (2)(E)(ii).

1. Based on review of facility documentation and interviews for 34 of 50 sampled residents (Residents #1, #2, #3, #5, #6, #7, #9, #10, #11, #13, #14, #15, #17, #19, #21, #23, #25, #27, #28, #29, #30, #31, #32, #33, #35, #38, #40, #43, #45, #46, #47, #48, #49, and #50) who were reviewed for medication administration, the facility failed to ensure that medications were signed for as being administered and not omitted. The findings include:
    a. Review of the March, April and May 2015 Medication Administration Records (MAR) for thirty-four residents (Resident #1, #2, #3, #5, #6, #7, #9, #10, #11, #13, #14, #15, #17, #19, #21, #23, #25, #27, #28, #29, #30, #31, #32, #33, #35, #38, #40, #43, #45, #46, #47, #48, #49, #50) identified missing signatures for medications that ere to have been administered and/or medications that were not unavailable. Interview with Office Manager #1 and #2 on 5/20/15 at 2:00 pm identified that they had the missing signatures but had not completed audits to see if staff had administered the medications or not. Office Manager #1 stated that they had been made aware of the numerous signature omissions on the MAR from the Program Director for medication certification and currently do not have anything in place to correct it.

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6(c)Administration (1) and/or (m) Administration of Medications (2)(F)(ii).

2. Based on review of facility documentation and interviews for four of four resident floors (Floors 2, 3, 4, and 5) where controlled substances are dispensed, the facility failed to ensure staff documented the change of shift count. The findings include:
    a. Review of the Controlled Drug Change of Shift audit sheets for the second floor for March 2015 identified out of 186 opportunities, 44 entries were not completed. April 2015 audit sheets identified 18 entries out of 180 opportunities were not completed. May 2015 audit sheets identified out of 116 opportunities 10 were not completed.
    b. Review of the Controlled Drug Change of Shift Audit Sheets for the third floor for March 2015 identified out of 186 opportunities 40 entries were not completed. April 2015 audit sheets identified out of 180 opportunities 12 entries were not completed. May 2015 audit sheets out of a possible 116 entries 6 were not completed.
    c. Review of the Controlled Drug Change of Shift Audit Sheets for the fourth floor for March 2015 identified out of a possible 186 opportunities 43 entries were not completed. April 2015 audit sheets out of 180 opportunities 9 entries were not completed. May 2015 audit sheets out of a possible 116 opportunities 7 entries were not completed.
    d. Review of the Controlled Drug Change of Shift Audit Sheets for the fifth floor for March 2015 identified out of 186 opportunities 47 entries were not completed. April 2015 audit sheets identified out of 180 opportunities 30 entries were not completed. May 2015 audit

sheets out of 116 opportunities 14 entries were not completed. Interview with Office Manager #1 on 5/20/15 at 2:00 pm identified the missing signatures on the Control Drug Change of Shift Audit sheets was brought to the facility's attention by the Program Director for medication certification. Office Manager #1 indicated that although the facility put out a policy in March regarding counting the controlled medications and signing the audit sheet at the beginning and end of the shift the facility had not started to audit the books to see if the change of shift counts are completed.

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6(c)Administration (1) and/or (m) Administration of Medications (2)(B)(i).

3. Based on review of facility documentation and interviews, the facility failed to ensure a staff person who administered medications had completed and passed the medication certification course. The findings include:
    a. Review of Medication Administration Records and Control Drug Change of Shift Audits for March, April and May 2015 for the second, third, fourth and fifth floors identified that Staff Person #1, who was not certified in medication administration, signed out medications on twenty-eight day different days. Resident #25's Control Drug Record of use identified on 5/7/15 at 10:15 am and 5/15/15 at 2:35 pm, Staff Person #1 administered Klonopin 0.5mg to Resident #25. Resident #29's Control Drug Record of use sheet identified Staff Person #1 administered Klonopin 0.5mg on 4/16/15 at 8:00 am and on 4/19/15 at 7:00 am. Resident #35's Control Drug Record of use sheet identified Staff Person #1 administered Tramadol 50mg on 2/22/15 at 12:00 pm, 3/1/15 at 11:30 am, 3/6/15 at 7:30 and 11:30 am, 3/22/15 at 11:00 am , 4/3/15 at 8:00 am and 12:00 pm, 4/19/15 at 12:00 pm and on 5/3/15 at 11:45am. Klonopin 1mg was administered by Staff Person #1 on 3/1/15 at 11:30 am, 3/6/15 at 7:30 am and 11:30 am, 3/22/15 at 11:00 am, and on 4/3/15 at 8:00 am and 12:00 pm. Resident #38's Control Drug Record of use sheet identified Staff Person #1 administered Ativan 1mg on 2/15/15, 2/22/15, 3/1/15, 4/5/15, 4/16/15, 4/19/15 and 5/3/15. Resident #46's Control Drug Record of use sheet identified on 3/6/15 at 8:00 am and on 4/3/15 at 9:00 am Staff Person #1 administered and signed for Lyrica 150mg. On 5/10/15 at 8:10 am Staff Person #1 administered and signed for Librium 10mg, and Tramadol 50mg. Interview with Office Manager #1 on 5/20/15 at 11:30 am identified that Staff Person #1 had not taken the medication course and was not certified to administer medications, but has been conducting the medication pass when she was scheduled. Office Manager #1 stated that she did not know when Staff Person #1 was going complete the course.

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6(c)Administration (1) and/or (m) Administration of Medications (2)(E)(ii).

4. Based on facility documentation and staff interview for six of eight sampled residents receiving Controlled medications (Residents #28, #32, #35, #38, #46, and #48), the facility failed to document the medications that were administered. The findings include:

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

a. Resident #28's diagnoses included anxiety. A physician's order dated 1/12/15 directed Xanax 0.5mg tablet twice daily at 8:00 am and 6:00 pm. Review of the Control Drug Record of use sheet identified that from 2/5/15 through 3/17/15 twenty-seven signatures were missing of when and by whom the medication was administered.
b. Resident #32's Control Drug Record of use sheet for March 2015 directed Klonopin 0.5mg twice daily for anxiety. The documentation identified on 3/22/15 and 4/4/15 the morning doses failed to reflect who administered the medications. Although the documentation identified the medication was administered in the AM or PM, the documentation lacked the time it was administered.
c. Review of Resident #35's Control Drug Record of use for Tramadol 50mg, take one to two tablets every six hours as needed for pain. Upon further review for 5/12/15 identified that although the medication number of amount left of Tramadol was changed and a time the medication was administered, the record failed to reflect documentation of who administered the medication.
d. Resident #38's Control Drug Record of use sheet for February 2015 directed to administer Ativan 1mg every morning. Review of the control sheets identified on 2/21/15 the medication was administered but failed to reflect documentation of who administered the medication.
e. Resident #46's Control Drug Record of Use sheet directed to administer Librium 10mg, one capsule three times a day as needed for anxiety. Review of the control sheets noted the medication was administered but to reflect documentation of the date, time amount given and by whom. A physician's order directed Ambien 10mg at bedtime. Review of the Control Drug use sheets identified the medication was administered on three days, but failed to reflect documentation of the date, time, amount given and by whom.
f. Resident #48's Control Drug Use Sheets directed Tramadol 50mg one tablet as needed four times a day. Review of the Control sheet use identified that on two occasions the medication was administered but failed to reflect documentation of the date the medication was administered, the time, and the amount given. Interview with Office Manager #1 on 5/20/15 at 2:00 pm identified the missing signatures on the Control Drug Change of Shift Audit sheets was brought to the facility's attention by the Program Director for medication certification. Office Manager #1 indicated that a policy was initiated in March regarding counting the controls and signing the audit sheet at the beginning and end of their shift however the records have not been audited to see if they are completing it.

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6(c)Administration (1) and/or (m) Administration of Medications (2)(F)(ii).

5. Based on review of facility documentation and interviews for two of four resident floors that require control counts of medications, the facility failed to ensure control counts were completed at the change of shift. The findings include:
    a. Review of facility documentation dated 3/13/15 identified that at the change of shift Staff Person #2 failed to count the controlled medications with the oncoming staff. The

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

documentation identified Staff #2 handed the keys for the medication cart and control medications to the oncoming staff and left. Interview with Staff #2 on 5/20/15 at 1:40 pm stated she does not know why she did not do count and just left to go home. Interview with Office Manager #1 on 5/20/15 at 1:50 pm identified that the Medication Instructor reported to her that Staff Person #2 just handed the keys over and did not conduct a control count. Office Manager #1 stated that they suspended the staff person and checked to ensure all the counts were correct on the controlled medications.

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



# LICENSING INSPECTION REPORT

*d/b/a Name and Address of Entity*

Park Place RCH
152 Park Ave
Bridgeport CT 06604

*Signature of FLIS Staff*

Denise Soja RN

Licensure Category: RCH

Licensed Capacity: 50 Census: 49
Licensed Capacity: ___ Census: ___

Date(s) of onsite inspection: 5/20/15

Date(s) additional information obtained: ___

Personnel contacted: Jessica Cuillo Office Manager

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[ ] Licensing Inspection [ ] *Initial* [ ] *Renewal* [ ] *Other:* ___

[ ] Desk Audit ___ [ ] Amended Letter: ___

[ ] Revisit for the purpose of ___

[✓] See Complaint Investigation # 18133

[X] See Reportable Event Investigation # 17992

[ ] See Certification File.

[✓] 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 6/29/15

[ ] 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.

[ ] Referral(s) to ___

**REPORT SUBMITTED BY:** Denise Soja **DATE OF REPORT:** 6/19/15

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

# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

June 29, 2015

Matthew Martland, Person-in-Charge
Park City Residential Care Home
752 Park Avenue
Bridgeport, CT 06604

Dear Mr Martland:

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Attached are the violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which were noted during the course of the visit.

You may wish to dispute the violations and you may be provided with the opportunity to be heard. If the violations are not responded to by July 13, 2015 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

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KEG/DS:jpf

c. Nancy Shaffer

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DATE OF VISIT: May 20, 2015

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f. Resident #48's Control Drug Use Sheets directed Tramadol 50mg one tablet as needed four times a day. Review of the Control sheet use identified that on two occasions the medication was administered but failed to reflect documentation of the date the medication was administered, the time, and the amount given. Interview with Office Manager #1 on 5/20/15 at 2:00 pm identified the missing signatures on the Control Drug Change of Shift Audit sheets was brought to the facility's attention by the Program Director for medication certification. Office Manager #1 indicated that a policy was initiated in March regarding counting the controls and signing the audit sheet at the beginning and end of their shift however the records have not been audited to see if they are completing it.

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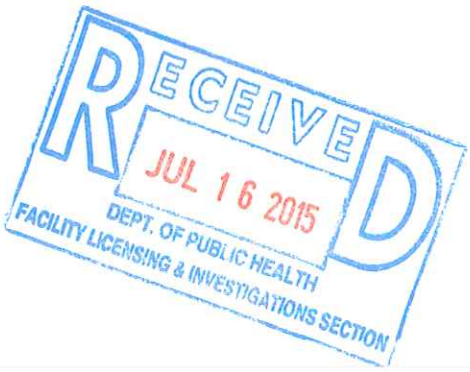
# *Park City Residential Care Home*

752 Park Avenue
Bridgeport, CT 06604
Phone: (203) 362-1000 Fax: (203) 366-5357


Approved
7/16/15
KEG




July 13, 2015

Karen Gworek
410 Capitol Ave – MS #12HSR
P.O. Box 340308
Hartford, CT 06134

Re: May 20, 2015 – Department of Public Health Visit

1.A. Regarding the thirty-four missing signatures on the MAR's: there was one staff member that was not certified to administer medication. She was told not to sign the MAR book by the nurse at Value Options. An in-service was held on 5/21/15 with all med certified staff to review the existing policies for administering medications and the proper documentation on the MAR's. All staff members are to notify chain of command of any errors. The MAR books will continue to be checked every week by Office Manager #1.

The medications that were unavailable were due to the pharmacy not being able to fill them, as there were no refills left. A new policy went into effect on 5/21/15 that when doing the weekly med order; the med tech is to order the meds from the pharmacy two weeks in advance. That will give us more time if the resident needs to see the doctor before their medication runs out.

2.A. Regarding the control drug audit sheets for the second floor: an in-service was held on 5/21/15 with all med certified staff. The existing policies were reviewed; which are control med counts at the beginning and end of each shift with the on-coming med tech. All staff are to report to the chain of command if an error is discovered. The control drug audit sheets will continue to be checked every week by Office Manager #1.

B. Regarding the control drug audit sheets for the third floor: an in-service was held on 5/21/15 with all med certified staff. The existing policies were reviewed; which are control med counts at the beginning and end of each shift with the on-coming med tech. All staff are to report to the chain of command if an error is discovered. The control drug audit sheets will continue to be checked every week by Office Manager #1.

C. Regarding the control drug audit sheets for the fourth floor: an in-service was held on 5/21/15 with all med certified staff. The existing policies were reviewed; which are control med counts at the beginning and end of each shift with the on-coming med tech. All staff are to report to the chain of command if an error is discovered. The control drug audit sheets will continue to be checked every week by Office Manager #1.

D. Regarding the control drug audit sheets for the fifth floor: an in-service was held on 5/21/15 with all med certified staff. The existing policies were reviewed; which are control med counts at the beginning and end of each shift with the on-coming med tech. All staff are to report to the chain of command if an error is discovered. The

control drug audit sheets will continue to be checked every week by Office Manager #1.

3.A. Staff person #1 was terminated on 5/22/15; her last day worked was 5/15/15. She was let go because your investigator told us to fire her, as she was not med certified. Staff person #1 did take the medication administration course and passed the written test. However, when the nurse from Value Options came to do the med pass practical, she stated that she would not be certifying Staff Person #1 due to mistakes she has made in the past. It is difficult to find aides that are certified as to there aren't any medication administration courses being offered at this time.

4.A. Resident #28 has a visiting nurse and during the time period of 2/5/15 – 3/17/15, the nurse came to administer the medication twice a day. The agency has their own control sheet to sign the controls out on. The control sheets at the facility were to have been signed off on by the visiting nurse as well. An in-service was held on 5/21/15 with all med certified staff reviewing the existing policy of the med tech to accompany the visiting nurse during their visit to ensure all proper documentation has been made. Staff are to report to chain of command of any errors discovered. Office Manager #1 will continue to check control drug sign off sheets every week to ensure all signatures are present and that documentation is correct.

B. Resident #32 has a visiting nurse that comes twice a day to the facility to administer all meds. In-service was held on 5/21/15 with all med certified staff reviewing the existing policy of med techs accompanying the visiting nurse during their visit to

ensure that control meds are documented the correct way on the control drug sheets. Staff are to report to chain of command of any errors discovered. Office Manager #1 will continue to check control drug sign off sheets every week to ensure all signatures are present and documentation is correct.

C. Regarding Resident #35's Tramadol, an in-service was held on 5/21/15 with all med certified staff reviewing the existing policy on proper documentation when signing out a controlled drug. Staff are to report to chain of command of any errors discovered. Office Manager #1 will continue to check control drug sign off sheets every week to ensure all signatures are present and documentation is correct.

D. Regarding Resident #28's Ativan, an in-service was held on 5/21/15 with al lmed certified staff reviewing the existing policy on proper documentation when signing out a controlled drug. Staff are to report to chain of command of any errors discovered. Office Manager #1 will continue to check control drug sign off sheets every week to ensure all signatures are present and documentation is correct.

E. Regarding Resident #46's control drug record sheet for Librium and Ambien, and in-service was held on 5/21/15 with all med certified staff reviewing the existing policy on proper documentation when signing out a controlled drug. Staff are to report to chain of command any errors discovered. Office Manager #1 will continue to check control drug sign off sheets every week to ensure all signatures are present and documentation is correct.

F. Regarding Resident #48's control drug sheet for Tramadol, an in-service was held on 5/21/15 with all med certified staff reviewing the existing policy on proper documentation when signing out a controlled drug. Staff are to report to chain of

command of any errors discovered. Office Manager #1 will continue to check control drug sign off sheets every week to ensure all signatures are present and documentation is correct.

5. A. An in-service was held on 5/21/15 with all med certified staff reviewing the existing policies on doing the control drug count at the beginning and end of their shifts with the on-coming med tech. Handing the keys to the on-coming tech with out doing a count is unacceptable. Staff are to report to chain of command when and if an aide does not comply with the current policy that is in effect. Office Manager #1 will continue checking the audit sheets every week to make sure all signatures are present.


Sincerely,

Jessica Ciullo

Office Manager, Park City Residential Care Home

# *Park City Residential Care Home*[1]

752 Park Avenue
Bridgeport, CT 06604
Phone: (203) 362-1000 Fax: (203) 366-5357


Approved 7/14/15 KEG

July 13, 2015

Karen Gworek
410 Capitol Ave – MS #12HSR
P.O. Box 340308
Hartford, CT 06134

Re: May 20, 2015 – Department of Public Health Visit

1.A. Regarding the thirty-four missing signatures on the MAR's: there was one staff member that was not certified to administer medication. She was told not to sign the MAR book by the nurse at Value Options. An in-service was held on 5/21/15 with all med certified staff to review the existing policies for administering medications and the proper documentation on the MAR's. All staff members are to notify chain of command of any errors. The MAR books will continue to be checked every week by Office Manager #1.

The medications that were unavailable were due to the pharmacy not being able to fill them, as there were no refills left. A new policy went into effect on 5/21/15 that when doing the weekly med order; the med tech is to order the meds from the pharmacy two weeks in advance. That will give us more time if the resident needs to see the doctor before their medication runs out.

2.A. Regarding the control drug audit sheets for the second floor: an in-service was held on 5/21/15 with all med certified staff. The existing policies were reviewed; which are control med counts at the beginning and end of each shift with the on-coming med tech. All staff are to report to the chain of command if an error is discovered. The control drug audit sheets will continue to be checked every week by Office Manager #1.

B. Regarding the control drug audit sheets for the third floor: an in-service was held on 5/21/15 with all med certified staff. The existing policies were reviewed; which are control med counts at the beginning and end of each shift with the on-coming med tech. All staff are to report to the chain of command if an error is discovered. The control drug audit sheets will continue to be checked every week by Office Manager #1.

C. Regarding the control drug audit sheets for the fourth floor: an in-service was held on 5/21/15 with all med certified staff. The existing policies were reviewed; which are control med counts at the beginning and end of each shift with the on-coming med tech. All staff are to report to the chain of command if an error is discovered. The control drug audit sheets will continue to be checked every week by Office Manager #1.

D. Regarding the control drug audit sheets for the fifth floor: an in-service was held on 5/21/15 with all med certified staff. The existing policies were reviewed; which are control med counts at the beginning and end of each shift with the on-coming med tech. All staff are to report to the chain of command if an error is discovered. The

control drug audit sheets will continue to be checked every week by Office Manager #1.

3.A. Staff person #1 was terminated on 5/22/15; her last day worked was 5/15/15. She was let go because your investigator told us to fire her, as she was not med certified. Staff person #1 did take the medication administration course and passed the written test. However, when the nurse from Value Options came to do the med pass practical, she stated that she would not be certifying Staff Person #1 due to mistakes she has made in the past. It is difficult to find aides that are certified as to there aren't any medication administration courses being offered at this time.

4.A. Resident #28 has a visiting nurse and during the time period of 2/5/15 – 3/17/15, the nurse came to administer the medication twice a day. The agency has their own control sheet to sign the controls out on. The control sheets at the facility were to have been signed off on by the visiting nurse as well. An in-service was held on 5/21/15 with all med certified staff reviewing the existing policy of the med tech to accompany the visiting nurse during their visit to ensure all proper documentation has been made. Staff are to report to chain of command of any errors discovered. Office Manager #1 will continue to check control drug sign off sheets every week to ensure all signatures are present and that documentation is correct.

B. Resident #32 has a visiting nurse that comes twice a day to the facility to administer all meds. In-service was held on 5/21/15 with all med certified staff reviewing the existing policy of med techs accompanying the visiting nurse during their visit to

ensure that control meds are documented the correct way on the control drug sheets. Staff are to report to chain of command of any errors discovered. Office Manager #1 will continue to check control drug sign off sheets every week to ensure all signatures are present and documentation is correct.

C. Regarding Resident #35's Tramadol, an in-service was held on 5/21/15 with all med certified staff reviewing the existing policy on proper documentation when signing out a controlled drug. Staff are to report to chain of command of any errors discovered. Office Manager #1 will continue to check control drug sign off sheets every week to ensure all signatures are present and documentation is correct.

D. Regarding Resident #28's Ativan, an in-service was held on 5/21/15 with al lmed certified staff reviewing the existing policy on proper documentation when signing out a controlled drug. Staff are to report to chain of command of any errors discovered. Office Manager #1 will continue to check control drug sign off sheets every week to ensure all signatures are present and documentation is correct.

E. Regarding Resident #46's control drug record sheet for Librium and Ambien, and in-service was held on 5/21/15 with all med certified staff reviewing the existing policy on proper documentation when signing out a controlled drug. Staff are to report to chain of command any errors discovered. Office Manager #1 will continue to check control drug sign off sheets every week to ensure all signatures are present and documentation is correct.

F Regarding Resident #48's control drug sheet for Tramadol, an in-service was held on 5/21/15 with all med certified staff reviewing the existing policy on proper documentation when signing out a controlled drug. Staff are to report to chain of

command of any errors discovered. Office Manager #1 will continue to check control drug sign off sheets every week to ensure all signatures are present and documentation is correct.

5. A. An in-service was held on 5/21/15 with all med certified staff reviewing the existing policies on doing the control drug count at the beginning and end of their shifts with the on-coming med tech. Handing the keys to the on-coming tech with out doing a count is unacceptable. Staff are to report to chain of command when and if an aide does not comply with the current policy that is in effect. Office Manager #1 will continue checking the audit sheets every week to make sure all signatures are present.

Sincerely,

Jessica Ciullo

Office Manager, Park City Residential Care Home