STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

May 22, 2020

Phillip Marotta, Person-in-Charge
Green Grove, Inc.
148 Whitefield Street
Guilford, CT 06437

Dear Mr Marotta:

An unannounced visit was made to Green Grove, Inc on May 13, 2020 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a complaint 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. The state violations cannot be edited by the provider in any way.

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 is to be submitted to the Department by June 4, 2020

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.

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 June 4, 2020 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

Please return your response to the Supervising Nurse Consultant via email at dph.flisadmin@ct.gov or right fax number 860-622-2655. Please direct your questions concerning the instructions contained in this letter to the Supervising Nurse Consultant at (860) 509-7400. Please do not send another copy via US mail.

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

c. Mairead Painter, LTC Ombudsman Program

Complaint #27495

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 and/or (c) Administration (1) and/or (c) Administration (5).

1. Based on observations and interviews the facility failed to ensure screening were conducted for staff and visitors prior to entering the facility and to implement social distancing between the residents in facility. The findings include:
    a. Observations on 5/13/20 at 9:00 AM a staff member admitted two (2) visitors into the building without the benefit of screening them for possible COVID exposure. Upon inquiry, the staff member indicated the Operational Manager checked the staff's temperature at the beginning of each shift at 6:45 AM, 2:45 PM and 10:45 PM. The staff member identified she was unable to locate a temperature log or any documentation to verify that the staff were screened prior to entering the building. In an interview with the Operational Manager on 5/13/20 at 10:30AM she indicated that she does not check staff temperature or screen staff prior to entering building. The Operational Manager identified it was the staff's responsibility to inform her if they are not feeling well and stay home. The Operational Manager stated that she was not aware of any guidelines or recommendations to screen staff and visitors prior to entering building. Observations on 5/13/20 from 9:00 AM through 9:40 AM four (4) residents were observed in the common area seated on two (2) sofas without the benefit of mask. Interview with Staff Attendant #1 on 5/13/20 at 9:05 AM she indicated the facility had seventeen (17) residents and all meals are consumed in the dining room with three (3) or four (4) residents seated at a table. Staff Attendant #1 identified that residents are encouraged to wear mask only if they have cold symptoms. Interview with the Operational Manager on 5/13/20 at 10:35 AM she indicated that residents in facility are not required to wear mask while in the facility however are encouraged to wear a mask whenever they go out for appointments. The Operational Manager that all residents are served their meals in the dining room.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 and/or (c) Administration (1) and/or Connecticut General Statutes 19a-535 (c)(1).

2. Based on clinical record reviews, review of facility documentation and interviews for one sampled resident (Resident#1) who was reviewed for a transfer to the hospital, the facility failed to ensure the resident was issued an appropriate involuntary discharge notice while the resident was at the hospital and the facility refused to readmit the resident. The findings include:
    a. Resident #1's diagnoses included schizoaffective disorder and depression. A review of Resident #1's clinical record identified that Resident #1 was transferred to an acute care facility on 4/29/20 after a verbal altercation with a facility staff. Upon further review, the clinical record indicated that Resident #1 was given an involuntary discharge notice on 4/30/20. Review of the involuntary discharge notice failed to reflect documentation of the resident's right to appeal and the pertinent information of how to complete the documents and the section of the Department of Public Health Department to send the appeal notice. Interview with the Owner on 5/13/20 at 9:45 AM he indicated that Resident #1 violated

several house rules and because he refused to readmit Resident #1, he served Resident #1 an involuntary discharge notice on 4/30/20. The Owner identified the notice was given to Resident #1 while the resident was in the acute care hospital. The Owner indicated that normally he would do due diligence to provide an appropriate involuntary discharge notice for all residents however he was not able to provide the appropriate involuntary discharge notice for Resident #1. The Owner indicated although he was contacted by a staff member from the acute care hospital on 5/8/20 regarding readmitting Resident #1, he was not willing to accept Resident #1 back into the facility.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 and/or (c) Administration (1) and/or (c) Administration (5) and/or (h) General conditions (9).

3. Based on observations and interviews, the facility failed to ensure that appropriate fire safety code precautions were implemented while a resident was on isolation. The findings include:
    a. Observations of the first-floor resident hallway on 5/13/20 at 9:00 AM one (1) resident's door was noted to be closed with a thick industrial type plastic firmly affixed to the top of the door frame. The plastic was noted to cover the entire door and was also touching the carpet on the floor. Interview with Staff Attendant #1 on 5/13/20 at 9:00 AM she indicated that the plastic was placed over the resident's door because the resident was on isolation and staff members would move the plastic when entering room to deliver meals. Interview with the Owner on 5/13/20 at 9:45 AM he indicated the plastic was placed over the door of a resident who was on isolation. The Owner identified that the resident was readmitted from the hospital and although the resident was identified as COVID negative he placed the plastic over the door and fans in the open bedroom and bathroom windows to ensure that air flow from the room did not enter the hallway. The Owner indicated that the plastic had been over the door for several days and he did not see any problem with plastic over door. Subsequent to surveyor inquiry and follow-up with the Building Fire and Safety section of the Department of Public Health, the Owner removed the plastic.

Approved 10/20/21 KEG

Green Grove
148 Whitfield Street
Guilford, CT 06437

June 1, 2020

[redacted]

On May 13, 2020 the Department of Public Health ("DPH") made an unannounced visit to Green Grove for the purpose of conducting a complaint investigation.

I am in receipt of the letter from DPH dated May 22, 2020.

As the "person in charge" at Green Grove I am not a healthcare professional, but I have tried to educate myself about Covid-19 by reading articles and listening intently to the daily briefings given by Governor Lamont. I was pleased to hear him say back in April 2020 that DPH along with representatives from the national guard would be entering state licensed facilities to assist in the fight on this deadly virus. He was very clear when he stated that the representatives would be helping to educate and support the facilities - that the facilities "would not be violated". He preferred that the DPH and facilities work together for the health and safety of the clients. Green Grove is not an SNF. We are an RCH. We do not have healthcare professionals employed at our facilities. I am not sure why we are being violated in the first place, as I stated before: I heard the Governor say that this was not his intention.

1. Violation of the Regulations of Connecticut State Agencies Section 19-13-D6 and /or (c) Administration (1) and /or (c) Administration (5).
   1. Corrective Measures and Systemic Changes to Prevent Recurrence of Issue: Our clients have been quarantined to our facility since the order was given. We have encouraged social distancing as much as possible – but we have not been informed that we must make them social distance. We do not require the residents to wear masks while in the facility nor do we provide room service. These measures have not been required in our level of care. Staff is still responsible to take their own temperatures and stay home if they present with any symptoms of illness. We now have signs posted at every entrance indicating to any visitors that screening will be done by the person in charge.
   2. Date that Corrective Measures and Systemic Changes will be effective: June 2, 20202
   3. Plan to Monitor Quality Assessment and Performance Improvement Functions to Ensure Corrective Measures and Systemic Changes are Sustained: daily audits will be done in which websites will be monitored for changing regulations.
   4. Title of Staff that is Responsible for Ensuring Compliance: Person in Charge.

2. Violation of the Regulations of Connecticut State Agencies Section 19-13-D6 and/or (c) Administration (1) and/or Connecticut General Statutes 19a-535(c)(1)
   1. Corrective Measures and Systemic Changes to Prevent Recurrence of Issue: We have revised our involuntary discharge notice to reflect documentation of the resident's right to appeal the discharge, the pertinent information of how to complete the documents, and where to send the appeal notice.
   2. Date that Corrective Measures and Systemic Changes will be effective: May 31, 2020
   3. Plan to Monitor Quality Assessment and Performance Improvement Functions to Ensure Corrective Measures and Systemic Changes are Sustained: We have changed our policy and we now have a standard form letter that we will fill out for all involuntary discharges.
   4. Title of Staff that is Responsible for Ensuring compliance: Person in Charge

3. Violation of the Regulations of Connecticut State Agencies Section 19-13-D6 and/or (c) Administration (1) and/or (c) Administration (5) and/or (h) General conditions (9).
   1. Corrective Measures and Systemic Changes to Prevent Recurrence of Issue: The plastic was removed when the representative of the facility licensing and investigations section of the department of Public Health requested that it be done.
   2. Date that Corrective Measures and Systemic Changes will be effective: May 13, 2020

3. Plan to Monitor Quality Assessment and Performance Improvement Functions to Ensure Corrective Measures and Systemic Changes are Sustained: Building fire and safety audits will continue to be conducted daily.

4. Title of Staff that is Responsible for Ensuring compliance: Person in Charge

[redacted]

Respectfully,

Phillip Marotta
Person in Charge

CC: Mairead Painter, LTC Ombudsman Program