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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Sunny lodge
M 47 cedar grove ave
New London CT 06320

Signature of FLIS Staff

H. Nazario

Licensure Category: RCH Licensed Bed/Bassinet Capacity: 15 Census: 14

Date(s) of onsite inspection: ~~10/28~~ 9/28/21

Date(s) additional information obtained: _____

Personnel contacted: Yanida Genca Robin Ucich Person-in-Charge

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

[ ] Visit **OR** Revisit for the purpose of _____

[X] See Complaint Investigation # 27743

[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 10/20/21

[ ] 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 _____

[ ] CMP fund verification

[ ] CRF grant verification

[ ] visitation compliance

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

REPORT SUBMITTED BY: H Vargas **DATE OF REPORT:** 9/28/21

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

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

October 20, 2021

Robin Ucich, Person-in-Charge
Sunny Lodge Guest Home
47 Cedar Grove Avenue
New London, CT 06320

Dear Ms. Ucich:

An unannounced visit was made to Sunny Lodge Guest Home on September 28, 2021 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an 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 fourteen 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 November 3, 2021.

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.

Connecticut Department of Public Health

Phone: (860) 509-7400 • Fax: (860) 509-7543
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

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 November 3, 2021 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. Please 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
Facility Licensing & Investigations Section

KEG:mb

c. Mairead Painter, LTC Ombudsman Program

Complaint #27743

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).

1. Based on observations, interviews, clinical record review, review of facility policy and review of facility documentation, the facility failed to ensure medications were stored in a secured location. The findings include.
    a. Observations and interview with Staff Attendant #1 on 9/28/21 at 10:04 AM identified a blister pack of medications for Residents #10 and #11 labeled noon medications sitting on the kitchen counter. Staff Attendant #1 identified the medications were placed there to remind him to give the medications at noon to the two (2) residents. Observations identified the medication cabinet was against the wall in the kitchen and the kitchen did not have main doors to secure the area. Upon unlocking the medication cabinet, the lock box for the controlled medications located on the bottom shelf of the cabinet was unlocked. Staff Attendant #1 identified the controlled box should always be locked and Staff Attendant #1 was observed to lock the box at that time. Interview with the House Manager on 9/28/21 at 10:24 AM identified medications are to be locked in the medication cabinet until the time of administration, however she was not always in the building to administer medications, so she removes the medications and Staff Attendant #1 administers the medication even though he does not have a medication certificate.
    b. Observations and interview with the House Manager during a tour of the facility on 9/28/21 at 10:30 AM identified in Resident #12's room an Albuterol 90mcg inhaler was noted on the dresser next to the television. The House manager identified Resident #12 does not have an order for an inhaler and after asking, Resident #12 explained the inhaler was given to him/her by Resident #2. Subsequent to surveyor inquiry, the House Manager removed the inhaler and educated Resident #12 on using medications not ordered by his/her physician. Observations in Resident #10's room identified a bottle of Aleve on the bookshelf and the House Manager informed Resident #10 of the need to keep the bottle of medication locked in the medication cabinet for administration by staff. Review of the physician's order dated September 2021 for Resident #12 identified there was no order for an inhaler. Review of physician's order dated September 2021 for Resident #2 identified Proair HFA inhale two (2) puffs by mouth every four (4) hours as needed.
    c. Observations of the medication refrigerator located in the kitchen which did not have main doors to secure the kitchen, the medication refrigerator did not have a lock or securement device, there was no temperature tracking log and snack size prunes were stored in the refrigerator drawer. The House Manager identified although the kitchen does not have doors, the residents know not to come into the kitchen or touch the medication refrigerator. The House Manager identified the temperature in the refrigerator was forty-five (45) degrees and insulin was to be stored between thirty (36) and forty-five (45) degrees as identified in the package insert for the insulin. Interview with the Person-in-Charge/Owner on 9/29/21 at 2:26 PM identified she was purchasing a locking device for the medication refrigerator to

secure the medications. Although policies regarding self-administration orders of medications for Residents #10 and #12 and medication storage were requested, the facility was unable to provide a policy.

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).

2. Based on interviews and review of facility documentation, the facility failed to ensure staff completed a medication administration training program and were certified to administer medications. The findings include:
    a. Interview with Staff Attendant #1 on 9/28/21 at 9:30 AM identified although he was not certified to administer medications, he was in charge of preparing and administering medications on the day shift to the current census of fourteen (14) residents. Interview with the House Manager identified although she was medication certified her certification had expired on 9/28/20 and she was unaware of being able to take an online recertification course for herself and the other staff or initial certification for those that were not certified. Review of the schedule identified nine (9) staff members in need of completing the Medication Administration Training program to obtain certification to administer medications. Interview with the Person-in-Charge/Owner on 9/29/21 at 2:26 PM identified she would be assisting the staff in scheduling the medication administration training program.

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(2)(E)(i).

3. Based on interviews, clinical record reviews and review of facility documentation for six of six sampled residents (Residents #1, #5, #7, #11, #12, #13), the facility failed to ensure the staff signed off on the medication records that medications were administered. The findings include:
    a. Review of the Medication Administration Records for Residents #1, #5, #7, #11, #12, #13 identified Staff Attendants who administered medications did not sign off that the medications were administered from 9/1/21 through 9/28/21. Interview with Staff Attendant # 1 on 9/28/21 at 9:30 AM identified he was instructed not to sign off that he had administered the medications as he was not med certified, and the House Manager would sign off when she worked. Interview with the House Manager on 9/28/21 at 10:00 AM identified even though she did not administer the medications, she was supposed to sign off on the Medication Administration Records who had administered however she did not have time. Although requested, the facility did not have a medication administration policy.

Approved
12/27/21
KEG

Sunny Lodge

47 Cedar Grove Ave.

New London, CT 06320

November 20, 2021

State of Connecticut Department of Public Health

Supervising Nurse Consultant

Facility Licensing & Investigations Section

This letter is a plan of correction in response to an unannounced visit made to Sunny Lodge on September 28th, 2021.

1.

A. All medication is to be secured within the locked medication box at all times until said medication is to be distributed. Controlled drugs are always to be locked inside of the medication box as well. Staff has been reminded of this since the visit. A notice had been put on the outside of the medication box, as well as the controlled substance box inside of the medication box in order for staff to not make this mistake again. Going forward, the person in charge and the house manager will stay alert and observant of this issue. They will continue to follow this plan of correction in the future.

B. A resident council meeting took place on November 6th. All residents were reminded to never share medication, and to only take medication prescribed to them by their license provider. Resident #2 had their prescription out of the medication box because they were away for the night and took it with them in their travels, and had not yet returned it to staff. Staff has been reminded to keep track of any medication outside of the locked box to make sure it is monitored at all times, and returned as soon as possible. Due to a bottle of Aleve being found in a resident's bedroom, residents were also informed at the council meeting that over-the-counter medications must stay locked in the medication box at all times as well. Residents frequently purchase over the counter medications. Housekeeping is aware of this, and has been informed to stay attentive of any medications found outside of the lock box. They have been informed to immediately notify the person in charge or house manager in order to have the situation dealt with quickly and efficiently.

C. As of November 8th, there is a lock on the medication refrigerator. Staff has been informed that no food is to be put in that refrigerator, only medication. There is also a note on the refrigerator that states this. A temperate tracking log has been applied to the refrigerator, as of October 30th. As well as reminding notes on the medication boxes, a medication administration policy regarding these incidents has been printed out and distributed to staff members.

2.

A. Since the visit, all staff has completed the medication administration training program.

3.

A. All staff has been reminded by person in charge, and by the training course, to sign off on all medications for each resident. Person in charge is following very closely to insure this is completed. It has also been reminded to staff in the medication administration policy that has been created and distributed.

Room Ninety, Sunny Lodge