STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

December 9, 2019

Katherine Richheimer, Person-in-Charge
Alberta Manor, Inc
21 Victoria Road
Hartford, CT 06114

Dear Ms Richheimer:

Unannounced visits were made to Alberta Manor, Inc on October 8, and 9, 2019 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 visits. 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 December 23, 2019.

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 December 20, 2019 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

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: Máiread Painter, LTC Ombudsman

Connecticut Department of Public Health

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The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (b) Physical plant (S) and/or (c) Administration (1) and/or (h) General Conditions (6).

1. Based on observations and interviews, the facility failed to provide housekeeping and maintenance repairs to ensure the environment was clean, comfortable, and homelike. The findings include:
   a. Observations on 10/8/19 of the smoking courtyard identified there were two (2) old wooden benches covered with green mold.
   b. During a tour of the inside of the facility, observations identified that in all of the residents' rooms and in the bathroom and shower, noted as C, the call lights were not working.
   In Rooms #8 and #13 the overhead lamps above the residents' beds had no strings attached and in Room #15 the overhead light above the resident's bed was not working and had no string attached. In the bathroom and shower room, noted as B, the wall was stripped with sheetrock and caulking exposed and the ceiling vent and sprinkler had an accumulation dirt and dust.
   In Room #5 there was three (3) oxygen cylinders standing directly on the floor without the benefit of holders. In the bathroom and shower room, noted as C, there were no protective caps covering the screw bolts at the toilet base.
   c. On the second floor in the bathroom and shower room, the sheetrock was cracked and there was an accumulation of dirt and dust on the ceiling vent. The second floor stairwell the Formica tile was noted to be coming up off the wall.
   d. In the basement level in the main kitchen, in the walk in refrigerator several food items were not labeled with what the food item was and/or dates. In the supply closet there was no cover over the ceiling light fixture. Interview with the Person-in-Charge identified that there was no cleaning schedule and maintenance log in place to show when the facility was last cleaned and when any facility repairs were last addressed.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (h) General Conditions (6) and/or (m) Administration of Medications (2)(F)(ii).

2. Based on observations and interviews, the facility failed to ensure a thermometer was located in the medication refrigerator to ensure medication were stored at the appropriate temperatures. The findings include:
   a. On 10/8/19 during the facility tour, observations identified that there was no thermometer in the medication refrigerator that held residents' insulin. Subsequent to surveyor inquiry, a thermometer was placed in the refrigerator to track the temperature. Further observations identified that there was no temperature log maintained to track for accurate degrees of the refrigerator. On 10/9/19, observations identified that the thermometer inside the refrigerator read to be at sixty (60) degrees. Interview with the Person in Charge identified the lack of thermometer, tracking log and the elevated temperature.

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Approved
9/30/20
KEG

Physical Plant

1a. Two (2) old wooden benches have been disposed.

Corrective measure completed on 10/8/2019
by Steven Richheimer, Maintenance Dept.

b. Call lights in Bathroom C and the residents rooms are now working.

Corrective Measure completed on 11/20/19
by Derek Santavenere, Maintenance Dept

Housekeepers and Maintenance Department will test the call lights on a regular basis and make a notation in the maintenance log.

b. In Room #8 and #13 strings have been attached on the overhead lamps above the residents' beds.

b. In Room # 15 Regarding the overhead light above the resident's bed:
The light bulb has been replaced and a string has been attached.

Corrective measure completed on 10/8/2019
[redacted] Maintenance Dept.

b. Bathroom B The piece of paneling that had come off the wall has been reinstalled.

Corrective Measure completed on 11/7/19
by Trigila Construction

b. The ceiling vent and sprinkler in bathroom and shower room B has been cleaned and dirt and dust removed.

Corrective measure completed on 10/8/2019
[redacted] Maintenance Dept.

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b. Room #5 All oxygen cylinders are in racks. Racks were delivered by Lincare on October 15, 2019
Lincare will only deliver and place oxygen tanks into the racks.

Corrective measure completed on
[redacted] Officer

b. In bathroom C, protective caps have been placed to cover the screw bolts at the toilet base.

Corrective measure completed on 10/8/2019
by Steven Richheimer, Maintenance Dept.

c. Dirt and dust on the ceiling vent in the second floor bathroom and shower room has been cleaned and dirt and dust removed.

Corrective measure completed on 10/8/2019
by Steven Richheimer, Maintenance Dept.

c. The sheetrock in the bathroom and second floor formica tile has been repaired and secured.

Corrective Measure completed on 11/20/19
[redacted] Maintenance Dept

d. In the kitchen walk in refrigerator all food items have been labeled with description of the food item and the date.

Corrective measure completed on 10/8/2019
by Mike Dempsey, cook
The two cooks will date all food items daily BEFORE putting anything in the refrigerator or freezer.

d. A cover has been installed on the ceiling light fixture in the supply closet .

Corrective measure completed on 12/1/2019
[redacted], Maintenance Dept.

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d. A maintenance log has been set up to document facility repairs and cleanings. Housekeeping and maintenance details will be recorded in the log.

Corrective measures completed on 12/1/2019
[redacted], Maintenance Dept.

Medications:
2. a. A thermometer has been placed in the medication refrigerator.
A temperature log has been set up to track for accurate temperature.
Staff will check the temperature weekly and record it in the log.

Corrective measure completed on 10/15/2019
[redacted] Officer.