STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

April 29, 2022

Steven Richheimer, Person-in-Charge
Tracy Manor Inc
22 Fennway Street
Hartford, CT 06119

Dear Mr. Richheimer:

An unannounced visit was made to Tracy Manor Inc on April 5, 2022 by representatives 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. 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 May 13, 2022.

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 **May 13, 2022** 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 and 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

cc: Mairead Painter, LTC Ombudsman Program

KG:csf

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

1. Based on review of personnel files and interviews, the facility failed to ensure annual continuing education was completed by the staff. The findings include:

   a. Review of the employee files identified that annual continuing education in-services had not been completed by the staff. Interview with the Person-in-Charge identified the annual continuing education in-services for 2021 were not completed.

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)(D)(ii)(X)(iv).

2. Based on observations, review of the Medication Administration Records and interviews, the facility failed to administer medications in accordance with the five-rights. The findings include:

   a. Observations during the medication administration on 4/5/22 at 10:17 AM a Staff Attendant identified she was administering a medication scheduled for 12:00 PM. Interview at that time the Staff Attendant indicated that medications are to be administered one (1) hour before or one (1) after the scheduled time.

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)(ii)(V).

3. Based on observations, review of the Medication Administration Records and interviews, the facility failed to document on the pharmacy printed Medication Administration Records when medications had been administered. The findings include:

   a. Review of the Medication Administration Records identified the staff did not sign off each medication on the pharmacy printed Medication Administration Records. The staff signed off on a sheet of paper which listed the resident names, medication times (7:00 AM, 11:00 AM, 3:00 PM, 7:00 PM and 9:00 PM) and instructions. Upon further review, the pharmacy printed Medication Administration Records identified there were scheduled times of 5:00 PM, 12:00 PM, and 8:00 PM. Interview with the Resident Care Coordinator identified the facility does not use the Medication Administration Records to indicate that medications were administered.

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)(F)(iii).

4. Based on observations and interviews, the facility failed to ensure expired medications had been removed from the medication cart and destroyed. The findings include:

   a. Observations of the medication cart with the Resident care Coordinator on 4/5/22 identified a bottle of Ibuprofen 200 milligrams had expired August 2021 and a bottle of Aspirin in October 2021. Interview with the Resident Care Coordinator identified the medication cart was not checked monthly for expired medications.

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

5. Based on observations and interviews, the facility failed to ensure food items in the kitchen refrigerator were dated and/or outdated foods were discarded. The findings include:

   a. Observations during a tour of the kitchen with the Person-in-Charge on 4/5/22 identified in the refrigerator located in the kitchen a container of French onion dip dated 3/28/22 and a peanut butter and jelly sandwich and a container of macaroni salad were not dated. Interview with the cook at the time identified the items should be dated and the outdated and undated foods would be discarded.

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

6. Based on observations and interviews, the facility failed to ensure a thermometer was in located the residents' refrigerator to monitor temperatures. The findings include:

   a. Observations during a tour of the facility with the Resident Care Coordinator on 4/5/22 identified there was no thermometer in the resident's refrigerator.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or Connecticut General Statutes 19-550a (5).

7. Based on observations and interviews, the facility failed to ensure the residents' rights were not violated and their personal information was kept confidential. The findings include:

a. Observations during a tour of the facility with the Resident Care Coordinator on 4/5/22 at 9:00 AM identified a posting of residents who owed monies to the pharmacy and for cable television service. Interview with the Person-in-Charge identified the information was posted to inform the residents of the amount they owed for cable and to the pharmacy.

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D6 (b)Physical Plant (2)(b) and/or (c) Administration (1) and/or (c) Administration (5).

8. Based on observations, review of facility documentation and interviews, the facility failed to ensure fire drills were conducted in accordance with the State of Connecticut Fire Safety Code and the National Fire Protection Association. The findings include:

   a. Documentation was not provided to the surveyor from the facility owner to indicate that the sprinkler system was being tested, inspected, and maintained in accordance with NFPA 25; i.e., the 5-year internal inspection of the sprinkler system was last completed in March of 2017.

   b. Documentation was not provided to the surveyor from the facility owner to indicate that the cleaning of the cooking hood was being conducted at least semi-annually, as required by NFPA 17A & 96; i.e., kitchen hood was cleaned one (1) time (3/25/22) in the past twelve (12) months.

   c. Documentation was not provided to the surveyor from the facility owner to indicate that the Fire Alarm System was inspected semi-annually as required by NFPA 70 & 72; i.e., alarm system was only inspected once on 10/29/21 in the past twelve (12) months.

   d. Documentation was not provided to the surveyor from the facility owner to indicate that the generator was being serviced two (2) times a year (one (1) major and one (1) minor service) as required by NFPA 110. i.e., No generator service was completed in the last twelve (12) months.

   e. Documentation was not provided to the surveyor from the facility owner to indicate that the fire alarm system was being maintained as required by NFPA 72. i.e., the fire alarm inspection conducted by Associated Security on 10/29/21 indicated that sixteen (16) smoke detectors in the facility needed to be replaced. The facility at time of this inspection had not replaced nor did they have a plan to replace the faulty detectors.

   f. During a tour accompanied by the facility owner it was noticed that Rooms #3 and Room #4 lacked adequate sprinkler coverage as required by NFPA 13. i.e., the room was equipped with one (1) sprinkler located above the ceiling tiles and did not provide adequate water coverage of the room.

g. During a tour accompanied by the facility owner it was noticed that the entrance foyer lacked adequate sprinkler coverage as required by NFPA 13 i.e., there was no sprinkler coverage in the front foyer.

h. During a tour accompanied by the facility owner it was noticed that the enclosed smoking area on the front porch lacked adequate sprinkler coverage as required by NFPA 13 i.e., there was no sprinkler coverage in the enclosed smoking area on the front porch.

Approved
5/19/22
KEG

Plan of Correction for Tracy Manor April 5th 2022 Inspection

1) Missing Staff Continuing Education.
I have assigned my assistant administrator to oversee the staff continuing education program. He is developing a new program from a myriad of sources that will satisfy the staff continuing education requirements.
The new program will begin by May 27th, 2022
The assistant administrator will monitor staff progress on a monthly basis to ensure all staff are up to date.

2) Staff failed to administer medication in accordance to the five rights
A resident received medication 43 minutes before they should have. I have spoken with the staff about the importance of the 5 rights. Now that the new Universal Medication Administration program is open we look forward enrolling all our staff for a refresher course. We constantly reaffirm the importance of accuracy of the 5 rights.

3) Medication Administration Records
Previously our protocol was for staff to supervise the self-administration of medication that was prefilled and dispensed by the pharmacy and checked off that they witnessed resident take their meds. Control drugs and PRN were signed off on MAR. Upon discussion with DPH staff we have are updating our protocols and are currently working with our pharmacy to update the MAR's design to a more efficient and accurate layout that reflects the dosing schedules and increase efficiency for staff sign offs. I received and approved the design and expect it to be implemented by pharmacy by end of May or before.

4) Expired medication was found in med room
I have assigned a staff member to check for expired meds every Friday.

5) Undated and or unlabeled food in kitchen
We have implemented a new labeling system. I ordered and received dissolvable food labels to facilitate the labeling of food along with an expirer date. We are doing an Inservice to explain to all staff the importance of food labeling and expiration dates

6) Thermometer missing in resident refrigerator
A thermometer was ordered and installed the day after inspection. April 6th, 2022

7) Personal Information disclosure
I spoke with assistant administrator and informed him not to post copayments due.
The poster was taken down the day of inspection. April 5th, 2022

8) Fire Safety Code

a. 5 Year Sprinkler test: was 1 month overdue. I Ordered it April 5th, day of inspection and it was completed 4/22/2022

b. Hood Cleaning: I assumed we fell under NFPA 96 as a low volume cooking operation which required annual cleaning as we have only 17 residents. I have informed our hood cleaner to come every 6 months.

c. I spoke with alarm company and reminded them they need to automatically come out every 6 months. Associated Security came back out 4/8/2022

d. Generator reminded generator company to come out twice per year as they are contracted to. Advanced Power came out 4/6/2022 for major service.

e. When I read inspection report I didn't realize NG Smokeheads meant no good!, I thought NG was brand? The technician never mentioned them, so I assumed everything was good. I spoke with the alarm company and they apologized as it was an oversight on their part and should have mentioned it and scheduled replacement. The 16 smoke heads were replaced 4/8/2022

f., g., & h. Sprinkler heads determined to be insufficient in bedroom #3 & #4t as well as lobby and smoking porch. Tim from Hartford Sprinkler came out 4/6/22 to look at scope of work, came back week later with their engineer. They submitted application for permit to town of West Hartford and we are currently waiting for install.

I have created an additional check off sheet to keep track of the required inspections and services.

Also per request of Fire Marshall we installed a fire blanket and additional extinguishers in smoking porch and lobby

Ultimately as Administrator, It is my responsibility to ensure compliance with the above plans of correction.

Sincerely,

Steve Richheimer

Steve Richheimer
Administrator
Tracy Manor

4/5/2022 Tracy Manor Inspection

Item	Issue - Project	Status	Completion Status
1	Add Fire extinguisher to lobby	Ordered on Amazon 4/5/2022	**Fire Extinguisher received 4/6/2022** Waiting for mounts to hang
1	Add Fire Extinguisher to smoking porch	Ordered on Amazon 4/5/2022	**Fire Extinguisher received 4/6/2022** Waiting for mounts to hang
1	Add Fire Blankets to Smoking porch	Ordered on Amazon 4/5/2022	**COMPLETED Installed 4/6/2022**
2	Associated Security will replace 16 smoke detectors & inspect	Ordered on 4/5/2022	**Inspected & Installed Friday 4/8/22**
3	Generator Service Over Due	Ordered on 4/5/2022	**Generator service COMPLETED 4/6/2022**
4	Add sprinklers to 2 bedrooms, smoking porch, and lobby	Tim from Hartford Sprinkler Came out 4/6/2022 to look at scope of work	Just Heard back, Hartford Sprinkler is coming May 23rd 2022 to install sprinkler heads
5	Kitchen Ceiling	Contacted Servpro and a few others for quote. Servpro is coming out this Thursday to quote	**Completed 4/8/2022 by West Hartford Cleaning Services**
6	Dumbwaiter latch and closer	Called & Sent photo to The Locksmith Center, waiting for install date.	**Completed by The Locksmith Center 4/11/2022**
7	Hole in Duct in kitchen	Patched 4/5/2022	**Completed 4/5/2022**
8	Missing quarterly sprinkler test	Done - 3/28/2022	**Completed 3/28/2022**