STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

May 31, 2022

Tina Richardson, Person-in-Charge
Jerome Home
975 Corbin Avenue
New Britain, CT 06052

Dear Ms Richardson:

An unannounced visit was made to Jerome Home on May 26, 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 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. 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 June 14, 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.

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
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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 violation and you may be provided with the opportunity to be heard. If the violation is not responded to by June 14, 2022 or if a request for a meeting is not made by the stipulated date, the violation 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, RN, BSN
Supervising Nurse Consultant
Facility Licensing & Investigations Section

KEG:csf

c. Mairead Painter, LTC Ombudsman 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)(F)(iii).

1. Based on observations, clinical record review and interviews for one sampled resident (Resident #1) who was reviewed during medication administration, the facility failed to ensure medications that had been discontinued and expired were removed from the medication cart and destroyed. The findings include:

   a. Observations of the medication cart on 5/26/22 at 11:25AM identified in the partitioned area designated for Resident #1's medications, a bottle of Melatonin 3 milligram (mg) tablets which had expired on 9/23/21 and Colace 100 mg had an expiration date of 10/21/21. Review of the physician's orders identified the Melatonin had been discontinued on 11/3/20 and the Colace on 11/26/18. Interview with the Director of Nursing on 5/2/6/22 at 11:30 AM identified the medication should have been removed when the orders were discontinued. The facility's policy Storage and Expiration Dating of Medications and Biologicals directs that the facility should destroy or return all discontinued, outdated, expired or deteriorated medications or biologicals in accordance with the pharmacy return and destruction guidelines.

JEROME HOME

June 9, 2022

[redacted]
Supervising Nurse Consultant
Facility Licensing & Investigations Section
410 Capitol Avenue
Hartford, CT 06134-0308

Approved 6/15/22 KEG

Dear Ms. Gworek,

Please find enclosed Jerome Home's plan of correction for our most recent RCH survey on May 26, 2022..

The filing of this plan of correction (POC) does not constitute any admission as to any of the alleged violations set forth in this statement of deficiencies. This POC is being filed as required by applicable law and as evidence of the facility's continued commitment to high quality care.

Plan of correction for Violation #1:

1. Based on observations, clinical record review, and interviews for one sampled resident (Resident #1) who was reviewed during medication administration, the facility failed to ensure medications that had been discontinued and expired were removed from the medication cart and destroyed. The findings include:
   a. Observations of the medication cart on 5/26/22 at 11:25am identified in the partitioned area designated for Resident #1's medications, a bottle of Melatonin 3 milligram (mg) tablets which had expired on 9/23/21 and Colace 100mg had an expiration date of 10/21/21. Review of the physician's orders identified the Melatonin had been discontinued on 11/3/20 and the Colace on 11/26/18. Interview with the Director of Nursing on 5/02/22 at 11:30am identified the medication should have been removed when the orders were discontinued. The facility's policy Storage and Expiration Dating of Medications and Biologicals directs that the facility should destroy or return all discontinued, outdated, expired, or deteriorated medications or biologicals in accordance with the pharmacy return and destruction guidelines.

1a. Jerome Home will re-educate staff on medication storage parameters.

Nursing Staff will be educated on the process by June 17, 2022

Random Audits will be completed to ensure compliance of medication storage. The audits will be presented at the QAPI committee meetings and additional remedial interventions will be reviewed as warranted.

The Director of Nursing or designee will be responsible for monitoring this plan of correction

If I can be of assistance please call me at 860-356-8218.

Sincerely,

Tina L. Richardson
Administrator