STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

July 25, 2022

John Sweeney, Person-in-Charge
Elim Park Baptist Home Inc
140 Cook Hill Road
Cheshire, CT 06410

Dear Mr. Sweeney:

This is an amended edition to the violation letter originally dated June 16, 2022.

An unannounced visit was made to Elim Park Baptist Home Inc on June 7, 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 June 30, 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 June 30, 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

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 (j) Attendants Required.

1. Based on review of the staffing schedule, the facility failed to ensure the appropriate number of staff were on duty. The findings include:
   a. Review of the staffing schedule from 5/8/22 through 6/7/22 identified the facility failed to meet the appropriate number of attendants on duty for a census that was greater than twenty-five residents:
      - Week of 5/8-5/14 there was one (1) attendant scheduled for the 3-11PM and on 5/14 one (1) attendant was scheduled for the 7AM-3PM shift.
      - Week of 5/15-5/21 on 5/15, 5/16 one (1) attendant was scheduled on the 7AM-3PM shift, on 5/15, 5/16, and 5/20 one (1) attendant was scheduled for the 3-11PM.
      - Week of 5/22-5/28 on 5/23, 5/24, 5/25 and 5/28 one (1) attendant was scheduled on the 3-11PM shift, on 5/28 one (1) attendant was scheduled for the 7AM-3PM
      - Week of 5/29-6/4 on 5/29, 6/2, and 6/3 one (1) attendant was scheduled on the 3-11PM shift, on 5/29 and 5/30 one (1) attendant was scheduled for the 7AM-3PM.
      - Week of 6/5-6/7 on 6/6 one (1) attendant was scheduled on the 3-11PM shift, on 6/5 and 6/6 one (1) attendant was scheduled for the 7AM-3PM.

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)(ii).

2. Based on observations, the facility failed to ensure the treatment cart was locked. The findings include:
   a. Observations of the employee station on 6/7/22 at 10:05 AM identified although the treatment cart was inside the station area the cart was unlocked.

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)(ii).

3. Based on observations, the facility failed to store external and internal medications in separate cabinets. The findings include:
   a. Observations of the medication room on 6/7/22 at 10:40 AM identified in one (1) cabinet oral over-the-counter medications (vitamins, pain relievers) were stored on the second shelf and on the shelf below were containers of creams.

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

4. Based on observations and interviews, the facility failed to conduct destruction of medications that were discontinued or expired. The findings include:
   a. Observations of the medication room on 6/7/22 at 10:40 AM identified of large pile of medications in the corner. Interview with the Manager identified that medications are usually destroyed monthly however it has been six (6) to eight (8) weeks since the last time

medication destruction was conducted. According to the Public Health Code, medications shall be destroyed within one (1) week following the expiration.

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).

5. Based on observations and interviews for two sampled residents (Resident #1 and #2) who self-administered medications, the facility failed to conduct initial and periodic assessments to ensure the residents were able to self-administer their medications. The findings include:
   a. Review of Resident #1 and #2's clinical records identified although there was a physician's order to self-administer or for staff to cue the resident with medications, the record failed to reflect documentation an initial and periodic assessments were conducted to ensure the resident was capable of self-administration.

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)(ii).

6. Based on observations and interviews for two sampled residents (Resident #1 and #2) who self-administered medications, the facility failed to ensure the medications were contained in a locked box in the resident's room. The findings include:
   a. Observations of Resident #1's room with the Manager on 6/7/22 at 9:30 AM identified a container on the bureau that contained Resident #1's medication. The medications were removed from the room by the Manager.
   Observations of Resident #2's room at 10:40 AM identified the roll of Resident #2's packaged medications were stored on a shelf of a small bookcase next to the resident's bedside chair. Resident #2 stated that he/she did not like the locked box the medications were to be stored in. Upon further observations, a small red sharps container was noted on the floor behind the resident's bedside chair. Observations were conducted with the Manager who removed the medications from the room.

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

7. Based on review of facility documentation and interviews, the facility failed to ensure monthly resident council meetings were conducted. The findings include:
   a. Upon request of the Resident Council Meeting minutes, the Manager was unable to provide documentation that meetings have been conducted recently. Interview with the Manager on 6/7/22 at 10:20 AM identified meetings were held by Recreation prior to COVD-19.

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, and interviews for two resident rooms, the facility failed to ensure resident rooms did not have 06/07/22 the surveyor while accompanied by a representative of the facility observed excessive combustibles stored in their rooms in accordance with the State of Connecticut Fire Safety Code and the National Fire Protection Association. The findings include:
    a. On 6/07/22, during a tour of the facility accompanied by the Manager, the following observations were identified. In Room 234 there was an excessive amount of combustibles in the room. The resident had an excessive amount of personal belongings in the room not meeting the requirements of The Connecticut Fire Code for combustible material storage and maintaining the path of egress. In Room 233 the walls were covered in combustible material far exceeding the ten (10) percent wall coverage allowed by The Connecticut Fire Code.

June 30, 2022

Approved
7/5/22
KEG

To Whom it May Concern,

An unannounced visit was made to Elim Park Baptist Home, Inc on June 7, 2022, by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a licensure inspection.

During the visit the following concerns were observed:

1. Section 19-13-D6(c)Administration (1) and/or (j) attendance required. The facility failed to ensure appropriate number of staff were on duty
   A. Facility will follow the recommended guidelines as described above

2. Section 19-13-D6(c)Administration (1) and/or (m) administration of medications (2)(F)(ii). Facility failed to ensure treatment cart was locked. The facility will perform the following measures to
   ensure compliance:
   A. Every Resident of the Residential Care Home will receive lock box in their rooms to store resident's medications.
   B. Staff will be in service as to proper medication storage within resident's rooms and the necessity to lock medication box when not in use.
   C. Licensed Practical Nurse in charge of Residential Care Home will perform random weekly audits to ensure compliance.
   D. Facility will ensure completion of intervention by July 30, 2022

3. Section 19-13-D6(c)Administration (1) and/or (m) administration of medications (2)(F)(ii). Facility failed to store external and internal medications in separate cabinets.
   A. Every Resident of the Residential Care Home will receive lock box in their rooms to store their medications.
   B. Internal and external medications will be separated for storage
   C. Licensed Practical Nurse in charge of Residential Care Home will perform random weekly audits to ensure compliance.
   D. Facility will ensure completion of intervention by July 30, 2022

4. Section 19-13-D6(c)Administration (1) and/or (m) administration of medications (2)(F)(ii).
   Facility failed to conduct destruction of medications.

A. Licensed Practical Nurse in charge of Residential Care Home will perform weekly audits of resident's locked containers and will remove any medication not in use.
B. Licensed Practical Nurse in charge of Residential Care Home will perform destruction of any removed medications within one week of expiration.
C. Facility will ensure completion of intervention by July 30, 2022

5. Section 19-13-D6(c)Administration (1) and/or (m) administration of medications (2)(D)(ii).
Facility failed to conduct initial and periodic assessments to ensure the residents were able to self-administer their medications.
A. All residents who self-administer medications will have a physician's order indicating such.
B. All residents who self-administer medications will have initial and periodic reassessments to ensure the residents are able to self-administer medications.
C. Licensed Practical Nurse in charge of Residential Care Home will perform random weekly audits to ensure compliance.
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6. Section 19-13-D6(c)Administration (1) and/or (m) administration of medications (2)(F)(ii).
Facility failed to ensure the medications were contained in a locked box in the resident's room.
A. Every Resident of the Residential Care Home will receive lock containers to store resident's medications. Containers will be locked when not in use and stored in the resident's room.
B. Staff will be in service as to proper medication storage within resident's rooms and the necessity to lock containers when not in use.
C. Licensed Practical Nurse in charge of Residential Care Home will perform random weekly audits to ensure compliance.
D. All residents' medications will be placed in the locked containers.
E. Sharps container will be mounted on wall in nurses' station as well those resident's rooms who require to dispose of sharps
F. Licensed Practical Nurse in charge of Residential Care Home will perform random weekly audits to ensure compliance.
G. Facility will ensure completion of intervention by July 30, 2022

7. Section 19-13-D6(c)Administration (1). The Facility failed to ensure that monthly resident council meetings were conducted.
   A. Facility will conduct monthly resident council meetings.
   B. Licensed Practical Nurse in charge of Residential Care Home will be responsible for ensuring monthly resident council meeting minutes are completed.
   C. Facility will ensure completion of intervention by July 30, 2022.

8. Section 19-13-D6(b)Physical Plant (2)(b) and/or (c) Administration (1) and/or (c) Administration (5). Facility failed to ensure resident rooms were free from excessive combustibles.
   A. Two resident rooms were observed to have excessive amounts of combustible materials contained within the space.
   B. The two residents will be educated as to the need to remove the excessive combustible materials to ensure safe and compliant fire safety regulations.
   C. Licensed Practical Nurse in Charge of Residential Care Home will perform random weekly audits to ensure compliance.

Please feel free to reach out to me with any additional questions you may have. My contact number is 203-272-3547, extn. 4326, or DNS@elimpark.org

Respectfully Submitted by, Stacy Ann Taylor-Smith RN, DNS.

June 30, 2022

Approved
7/5/22
KEG

To Whom it May Concern,

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Respectfully Submitted by, Stacy Ann Taylor-Smith RN, DNS.

June 30, 2022

To Whom It May Concern

Elim Park is disputing the deficiency Section 19-13-D6(c)Administration (1) and/or (j) attendance required, and therefore would like to schedule a meeting to discuss the findings.

Please feel free to contact me at 203-272-3547, extn. 4326 or DNS@elimpark.org

Respectfully,

Stacy Ann Taylor-Smith, RN, DNS.