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

January 7, 2020

Robert Page, Person-in-Charge
Hannah Gray
235 Dixwell Ave
New Haven, CT 06511

Dear Mr Page:

An unannounced visit was made to Hannah Gray on September 10, 2019 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation.

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 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 January 20, 2020

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.

Connecticut Department of Public Health

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Robert Page, Person-in-Charge
Hannah Gray

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 January 20, 2020 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
Supervising Nurse Consultant
Facility Licensing and Investigations Section

KEG

c. Mairead Painter, LTC Ombudsman Program

Complaint #26015

Robert Page, Person-in-Charge
Hannah Gray

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

1. Based on resident record review, review of facility documentation and interviews for one sampled resident (Resident #1) who had a Conservator of Person and Finances, the facility failed to notify the Conservator that the resident was managing their own finances and signing over funds to their spouse on a monthly basis. The findings include:
   a. Review of Resident #1's record, the face sheet identified that Resident #1 was admitted to the Residential Care Home (RCH) on 7/8/15. The record identified the resident's emergency contact listed was the spouse, who lived out of state and the Conservator or payee denoted on the face sheet was "Payee-the Residential Care Home." The face sheet failed to reflect documentation the court appointed Conservator of Person and Finances. The record identified on 4/5/19 Resident #1 was discharged from the RCH to a long term care facility due to needing a higher level of care. Review of facility documentation from 9/27/18 through 3/29/19 identified checks signed by Resident #1 and cashed by another individual. Upon further review, the facility documentation indicated a check was made out to a funeral home on 3/22/19 for an irrevocable funeral trust. And the resident's last check from the Social Security Administration (SSA) was sent to the RCH on 5/8/19 and was signed over to the long term care facility and that money was deposited by the long term care facility. The record failed to reflect that the monies was sent to the Conservator. Interview with the Administrator of the RCH on 9/10/19 at 11:30 AM identified that Resident #1 had not been spending their personal needs allowance and wanted to send the checks to his/her spouse every month. The Administrator identified Resident #1 also agreed to put the extra money into a funeral trust. The Administrator stated that although Resident #1 had a Conservator, the Conservator was not made aware the resident was sending their money to the spouse. Interview with the Conservator on 9/11/19 at 3:00 PM identified that there had been no communication from the facility or the resident to his/her office that Resident #1 chose to sign over his/her personal fund allowances to the spouse on a monthly basis.

Hannah Gray Home POC for Survey Date September 10, 2019

Approved 9/30/20 KEG

1. **Violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (e) Records.**

Residents' face sheets have been reviewed to ensure that emergency contacts and required responsible parties' information are updated, to include court-appointed conservator of person and of estate. The facility will ensure that any changes to residents' responsible parties' information are immediately corrected on the face sheet. In addition, any decision by a resident not to follow the normal process of utilizing personal needs allowance for his/her personal care will be immediately communicated to the responsible party on record.

Staff will be educated on the need to ensure that residents' face sheets contain the correct responsible party information at all times, and also to immediately update the face sheet as new information becomes available.

An audit of residents' face sheets will be conducted monthly for the next 3 months, then quarterly thereafter to ensure proper documentation of emergency contact and/or responsible party information. During the audit, the facility will randomly select up to six (6) residents' records to identify any significant changes and to validate via written record if the responsible party involved was timely notified about the significant change. The results of the audit will be reviewed with the facility quality assurance committee for further recommendations until ninety percent (90%) substantial compliance is achieved.

The Person-In-Charge and/or designee are responsible monitoring this corrective action.

Completion Date: April 30, 2020