

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

July 3, 2019

Kuldip S. Bohgal, Person-in-Charge
April Time Residential Care Home
91 Chestnut Street
Manchester, CT 06040

Dear Mr. Bohgal:

An unannounced visit was made to April Time Residential Care Home on June 11, 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 visit.

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 July 17, 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.



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Affirmative Action/Equal Opportunity Employer



DATE OF VISIT: June 11, 2019

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT
STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES
WERE IDENTIFIED

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 July 17, 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

Cc: Mairead Painter, LTC Ombudsman Program

DATE OF VISIT: June 11, 2019

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT
STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES
WERE IDENTIFIED

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D6 (b) Physical plant (S) and/or (c) Administration (1)(5) 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. On 6/11/19, during the tour of the facility, the following observations were identified. On the first floor there were two (2) holes in the wall near the paper towel closet. In Bathroom #5 there was rust on the light fixture above the vanity sink, and there were no protective caps covering the toilet screw bolts. A resident room, in the front porch main entrance corridor, there was one missing light cover to the call light above a resident's room entrance and a call light was not working to another resident's room above the door entrance.
 - b. On the second floor in Restroom #10 there was a roof leak above the vanity sink and chipped paint on the wall. Resident room #10- the ceiling light was not working at all and there was no bulb the ceiling light fixture. In the hall there was a large hole in the ceiling tile near Rooms #11 and #13. In Room #21 there was a power strip with a television on the table plugged into the strip and the paint on the wall next to the resident's bed was cracked. Restroom #8, in the shower and bath, there was an accumulation of dirt and dust on the ceiling vent in the shower and there were no protective caps covering the toilet screw bolts. Across from Restroom #7, the wall moldings were missing from the bottom portion of the wall. Restroom #7 there was puddle of water on the floor under the vanity sink and there was an accumulation of dirt and dust on the ceiling vent. In the TV lounge leather upholstery was torn on the chair seat cushion. Interview with the Person-in-Charge identified there was no written cleaning schedule to show when the facility and/or resident rooms were last cleaned.

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (f) Dietary Service (1).

2. Based on observations and interviews, the facility failed to ensure a refrigerator functioned properly to prevent spoilage. The findings include:
 - a. Observations in the basement on 6/11/19 at 9:30 AM there identified chicken was being thrown away, the temperature in the Roper brand refrigerator was noted to be 59 degrees and the setting dial was at to the warmest setting of one (1). Review of the temperature logs failed to reflect documentation for tracking refrigerator temperatures. The documentation identified the facility currently monitors temperatures for the large freezer in the basement, but not the refrigerators. Interview with the facility kitchen staff on 6/11/19 at 10:00 AM identified their policy was to remove the frozen meat or poultry item from the freezer and defrost the food in the refrigerator for a period of no more than seventy-two (72) hours.

DATE OF VISIT: June 11, 2019

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The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (4)(A)(B) and/or (c) Administration (5).

3. Based on review of personnel files, the facility failed to ensure an initial orientation educational in-service was completed with newly hired staff. The findings include:
 - a. Review of the personnel files for Staff Persons #1 and #2 failed to reflect documentation that initial in-services and educational programs were completed. Interview with the Person-in-Charge was unable to provide documentation.

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

4. Based on observations and interviews for three rooms, the facility failed to ensure room numbers were posted by the door. The findings include:
 - a. Interview with the Person-in-Charge and observations of three (3) resident rooms, in the front porch main entrance corridor, identified there were no room numbers posted by the doors.

April Time RCH, LLC
91 Chestnut Street
Manchester CT 06040

Tel: 860-649-4519
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July 15th 2019.

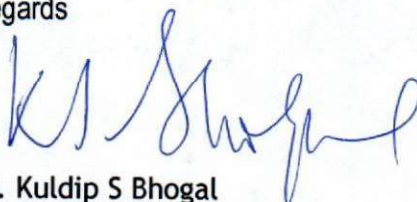
[REDACTED]

The following is the plan of correction for deficiencies identified in your letter dated July 3rd 2019.

1. a. The two holes have been repaired. I have bought a new light fixture and it will be installed. The call light cover will be replaced, and the non-working call light has been referred to our electrician.
b. The roof leak is being reviewed by our maintenance person. A new light fixture has been installed in resident room # 10. The ceiling holes are being dealt with and new tiles are being installed. I bought protective toilet bolt covers and they have been installed. The extension cord in room #21 has been removed. All ceiling fans will be cleaned on a regular basis. The chair with torn seat has been discarded. We do have a cleaning schedule for the maintenance person and all housekeepers.
2. The refrigerator was accidentally switched off during the cleaning and this is the only time we had this issue in all the time we have been here. We are also asking our electrician to install a separate breaker circuit for these refrigerators. The Staff are now recording daily temperatures similar to the ones we do for our walk-in freezer.
3. Initial orientation for each new employee is always done but were not recorded. They will now be recorded in the employee file.
4. New numbers and bed numbers will be placed for each missing room.

The maintenance person and I shall endeavor to complete the pending deficiencies ASAP.

Regards


Dr. Kuldip S Bhogal



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W. H. H. H.