STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

July 21, 2022

Susan Humes, Person-in-Charge
Card Home for the Aged
154 Pleasant Street
Willimantic, CT 06226

Dear Ms. Humes:

An unannounced visit was made to Card Home for the Aged on July 13, 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 August 4, 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

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Hartford, Connecticut 06134-0308
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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 violations and you may be provided with the opportunity to be heard. If the violations are not responded to by August 4, 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:lst

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 (c) Administration (4).

1. Based on review of facility documentation and interviews, the facility failed to ensure the Applicant Background Check Management System (ABCMS) verification was completed prior to hire. The findings include:
   a. Review of facility documentation, and interview with the Administrator on 7/13/22 at 12:40 PM identified the facility had hired two (2) new employees in the past year, one (1) is a kitchen assistant and the other a night manager. The Administrator indicated she was not aware the kitchen assistant needed to have an ABCMS verification because he would be in the kitchen and not have any resident contact. The Administrator was unable to provide documentation the two (2) new hires had ABCMS verification prior to hire.

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

2. Based on review of facility documentation and interviews, the facility failed to ensure that new staff received an initial orientation prior to being allowed to work independently, including safety and emergency procedures for resident and staff, facility policy and procedures, and resident rights. The findings include:
   a. Interview with the Administrator on 7/13/22 at 12:40 PM identified the facility had two (2) new hires in the past year, upon hire they received the employee handbook to review. Review of the employee handbook failed to reflect documentation related to safety and emergency procedures, policies and procedures of the residential care home, and/or resident rights.

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

3. Based on review of facility documentation and interviews, the facility failed to ensure that the employees participated in annual continuing education throughout the year. The findings include:
   a. Interview with the Administrator on 7/13/22 at 12:30 PM identified that although staff are provided education on the facility evacuation plan in case of fire, annual education had not been conducted in areas that included resident rights, behavioral management, personal care, nutrition, food safety, and health and safety in general. The Administrator noted staff have been at the facility for many years and are aware of their job duties.

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

4. Based on review of facility documentation and interviews, the facility failed to ensure annual personnel evaluations were completed. The findings include:
   a. Interview with the Administrator on 7/13/22 at 12:30 PM noted the staff understand their job duties and know what to do. The Administrator identified employee annual evaluations have not been done in a couple of years.

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)(C).

5. Based on review of facility documentation and interviews, the facility failed to ensure that staff who administered medications had medication administration certificates and had current not expired medication administration certificates. The findings include:
   a. Review of the medication certificates identified the Assistant Administrator was the only staff member in the facility that had a current not expired medication administration certificate. Two (2) house managers had medication administration certificates that expired in 2021 and seven (7) house managers did not have a medication administration certificate on file. Interview with the Administrator on 7/13/22 at 12:30 PM noted she was not aware staff had to complete the Department of Public Health medication administration course to be allowed to administer medications to the residents and or that the medication administration certificate expired after two (2) years.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or(c) Administration (5) and/or (m) Administration of Medications (2)(F).

6. Based on observations, review of facility documentation, and interviews, the facility failed to ensure medications were stored securely in a locked container for residents who self-administer medications. The findings include:
   a. Interview and observations with the Administrator on 7/13/22 at 12:30 PM identified for residents who had their medications in their possession, the medications were not secured in a locked container or drawer. The Administrator noted the residents who self-administer their own medications are independent with their care and can manage their own medications in their room. The Administrator identified the facility did not have a policy that addressed the storage of medications.

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).

7. Based on review of facility documentation, and interviews, the facility failed to have physician orders directing the administration of medications, failed to have individual Medication Administration Record (MAR) that listed routine and as needed medications. The findings include:
   a. Interview and review of the facility documentation with the Administrator on 7/13/22 at 12:40 PM identified medication administration times are 8:00 AM, 12:00 PM, and 5:00 PM, some residents have their family pre-pour their medications, some use their own pharmacy and self-administer their own medications, the rest of the residents have medications provided from the facility pharmacy and the staff know the residents and their medications. The Administrator noted the residents are independent here and take care of their own medications. The Administrator was unaware each resident was required to have an individual MAR that listed the routine and as needed medications.

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.

8. Based on review of the resident records and interviews, the facility failed to assess the residents to determine if the residents were able and safe to self-administer medications. The findings include:
   a. Interview with the Administrator on 7/13/22 identified residents were self-administrating medications. Review of the resident record failed to identify an assessment was completed for each resident who was self-administering medications and a physician's order was obtained for the resident to self-administer medications. The Administrator identified she was unaware residents had to be assessed to be able to self-administer medications and a physician's order had to be obtained for each resident to self-administer medications. A policy regarding self-administration of medications was not provided.

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

9. Based on review of facility documentation and interviews, the facility failed to ensure written policies were developed and implemented related to medication administration, abuse, resident rights, safety, and emergency procedures, leave of absence, and infection control. The findings include:
   a. Interview with the Administrator on 7/13/22 at 12:40 PM identified the facility had no written policies regarding medication administration, safety and emergency procedures, abuse resident rights, leave of absence and infection control.

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).

10. Based on review of facility documentation, observations, and interviews, the facility failed to ensure the fire alarm and sprinkler system were tested, inspected and serviced in accordance with the State of Connecticut Fire Safety Code and the National Fire Protection Association. The findings include:
    During a tour of the facility and while accompanied by a facility attendant on 7/13/22 at 09:00 A.M., the following observations were identified:
    a. Documentation was not provided to the surveyor from the facility to indicate that the sprinkler system was being tested, inspected, and maintained in accordance with NFPA 25; i.e., There were no records that a five (5) year obstruction test was done on the internal piping of the sprinkler system. Reports for the past year state that the test is overdue.
    b. Documentation was not provided to the surveyor from the facility to indicate that the sprinkler system was being tested, inspected, and maintained in accordance with NFPA 25; i.e., The gauges on the sprinkler system were dated 2016 and exceed the five (5) year limit of the code. Reports for the past year state that gauge replacement is overdue.
    c. Documentation was not provided to the surveyor from the facility to indicate that the sprinkler system was being tested, inspected, and maintained in accordance with NFPA 25; i.e., There were no records to show that a five (5) year test of the Fire Department Connection had been done. Reports for the past year state that the test is overdue.
    d. Documentation was not provided to the surveyor from the facility to indicate that the fire alarm system was being tested, inspected, and maintained in accordance with NFPA 101; i.e., There were no records to show that the fire alarm had been tested semi-annually as required.
    e. Documentation on file indicated that the last test of the fire alarm was 04/23/21.

August29, 2022

Approved
9/6/22
KEG

Administrator

The Card Home for the Aged
154 Pleasant Street
Willimantic, CT 06226

LETTER OF CORRECTION FROM JULY 13, 2022 INSPECTION:

1. All new hires will have ABCMS verification prior to starting work. Card Home will have applicant fill out ABCMS form at time of hiring. We will submit this prior to their working.
2. This will be corrected as of Sept. 1, 2022.
3. A check list will be kept in employee files.
4. This will be the responsibility of the Administrator and Assistant Administrator.

#2 1.Upon hiring employees will be given a copy of our handbook and all other information needed ie: safety & emergency procedures, sexual harassment policies, discrimination policies, residents rights, and any other pertinent information.
#2 2.This will be implemented by October 2022
#2 3. A verification of employee receipt of information will be logged in their file
#2 4. Administrator and Assistant Administrator will be responsible for keeping this record.

#3 1. Classes will resume monthly for all employees to have a better understanding of food safety, health, personal care, and anything else deemed necessary for our facility.
#3 2. Classes will start in September of 2022
#3 3.A list will be kept of all employees completing classes. It will also be noted in employees file.
#3 4. Administrator and Assistant Administrator will be responsible for arranging classes and keeping file.

#4 1. Evaluations of employees will resume in 2022.
#4 2. They will be done yearly
#4 3. Evaluations will be kept in employees file.
#4 4. Administrator is responsible for managerial staff . Assistant Administrator is responsible for Kitchen & Housekeeping staff

#5 1 .Assistant Administrator and one manager have updated certificates.
#5 2. We presently have staff that will be taken the test on Friday Sept. 2, 2022
#5 3. A list of medical certified employees and the expiration dates will be posted in the medication file with the MAR forms
#5 4. Administrator and Assistant Administrator will be responsible of telling staff when they need to update their certificates.

#6 1. The Administrator has been here for 19 years and this has never been brought up at previous inspections
#6 2. Residents &/or Families have been advised of this policy and have been notifying their doctors that they now need a note stating they are capable of taking their own medication and a list of medication listing their name, medicine name and dosage time to be taken and by what route. This is being done and hopefully will be complete by October 1, 2022. Residents &/or family have been told that medications are to be kept in locked container or drawer.
#6 4.The Administrator and Assistant Administrator are working on this.

#7 1. The Administration is aware that residents who request us to give them their medication which is packaged by the pharmacy of their choice have MARS forms. For those who have their family put their medication in daily containers we make up a form with information on it. We have never kept tract of anyone taking their own medication except for having a list of medications in their file.
#7 2. This is being put into effect Oct. 1, 2022. We are still waiting to get some information from resident's doctors
#7 3. We will continue to keep tract of medicine that we distribute to residents on their MARS form
7 4. The Administrator and Assistant Administrator Responsibility

#8 1.The Administrator was not aware that we needed documentation from the doctor that a resident was capable of taking their own medication. All we require is a note from their Doctor stating that they are capable of living independently at The Card Home.
#8 2. We have asked the residents &/or families to get this information from their doctors and have received several already. We are still working on this and hope to have it complete by October 1, 2022
#8 3. All the information will be verified in their file by October 1,2022
8# 4. The Administrator and Assistant Administrator are responsible.

#9 1. We do have written policies for medication administration, safety, emergency procedures, abuse, resident's rights, leave of absence and handwashing. I was just a little flustered and could not locate all of them at that time

#9 2. We are putting all items together in one booklet so they will be readily available and Administrator will make sure that all staff have copies of such.

#9 3. When staff receives the new copies (most staff got them upon hire) it will be verified in their folder

#9 4. The Administrator and Assistant Administrator will be working on this together.

#10 1. The five year inspections of the sprinkler system, obstruction test on internal piping and Fire Department connection had not been done as they came due during COVID and they are finally catching up on everything

#10 2. Both tests were completed the week of August 22 through August 26th.

#10 3. We will make sure that they are done as scheduled each year

#10 4. Administrator and Assistant Administrator are responsible for seeing this is done.

Respectfully submitted,

Sue Humes

Sue Humes, Administrator

Our goal is to try to have everything completed by October 1, 2022.