STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

August 25, 2022

Phillip Marotta, Person-in-Charge
Green Grove, Inc
148 Whitefield Street
Guilford, CT 06437

Dear Mr. Marotta:

An unannounced visit was made to Green Grove, Inc on August 4, 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 September 8, 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 September 8, 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

Complaint CT #22096, #22889, #22991, #23593, #24217

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 interviews with the Person-in-Charge on 8/3/22 at 12:30 PM identified the facility had one (1) new hire in the last year and should have ABCMS background checks prior to hire. The facility was unable to provide documentation on the ABCMS was completed prior to hire.

Plan of Correction for Violation #1:

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (f) Dietary Service and/or Section 19-13-B42 Sanitation.

2. Based observations and interview, the facility failed to monitor and document refrigerator and freezer temperatures. The findings include:

    a. Observations and interview with the Person-in-Charge on 8/3/22 at 9:30 AM noted she checks the refrigerator and freezer temperatures multiple times day, however she does not document her findings. The Person-in-Charge was unaware refrigerator and freezer temperatures should be monitored and documented daily.

Plan of Correction for Violation #2:

Approved 9/14/22 KEG

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 interviews with the Person-in-Charge on 8/3/22 at 12:30 PM identified the facility had one (1) new hire in the last year and should have ABCMS background checks prior to hire. The facility was unable to provide documentation on the ABCMS was completed prior to hire.

Plan of Correction for Violation #1: Corrective measures and changes have been made to Prevent reccurence of issue as of August 4th 2022 any new hire will need Proper Paperwork and ABCMS completed prior to starting work. This task has been added to the new hire Packet and the operations manager will complete an audit to ensure compliance

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (f) Dietary Service and/or Section 19-13-B42 Sanitation.

2. Based observations and interview, the facility failed to monitor and document refrigerator and freezer temperatures. The findings include:

   a. Observations and interview with the Person-in-Charge on 8/3/22 at 9:30 AM noted she checks the refrigerator and freezer temperatures multiple times day, however she does not document her findings. The Person-in-Charge was unaware refrigerator and freezer temperatures should be monitored and documented daily.

Plan of Correction for Violation #2:

Although we've always monitored fridge and freezer temperature we've started documenting results on August 4th 2022. Temperatures will be checked daily and an audit will be completed weekly to ensure there are not irregularities.

All sheets are attached