# STATE OF CONNECTICUT
## DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

November 16, 2022

Kalpesh Patel, Person-in-Charge
Essex Village Manor
59 South Main Street
Essex, CT 06426

Dear Mr. Patel:

Unannounced visits were made to Essex Village Manor on September 28 and November 1, 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 visits. 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 November 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.

Connecticut Department of Public Health

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Hartford, Connecticut 06134-0308
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*Affirmative Action/Equal Opportunity Employer*

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 November 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

cc. 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 (m) Administration (2)(F)(ii).

1. Based on observations, interviews and review of facility policy and procedure, the facility failed to ensure controlled medications were stored in a double locked cabinet. The findings include:

    a. Observations of the treatment room on 9/28/22 at 11:40 AM identified plastic containers with packaged medications that had been delivered six (6) days prior from the pharmacy. The Manager identified the medications are stored in the locked treatment room until they are moved into the medication room. The Manager indicated controlled narcotics were part of the supply and were not locked in a separate box to ensure double locking. The medication policy directs all medications must be properly stored and secured and all control medications are double locked.

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

2. Based on observations and interviews, the facility failed to ensure shift to shift reconciliation of controlled medications were documented as completed. The findings include:

    a. Review of facility documentation failed to reflect documentation the staff were conducting narcotic medication reconciliation every shift. Interview with the Manager on 9/28/22 noted staff needed to document the shift-to-shift count of the narcotic medications.

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

3. Based on observations, interviews and review of facility policy and procedure, the facility failed to ensure medications were stored in a locked room. The findings include:

    a. Observations during a tour of the facility on 9/28/22 at 9:30 AM identified in Room 6 two (2) tubes of prescription medication were on the shelving rack next to the resident's bed. The medications were Clindamycin PH 1% solution apply topically to the back and scalp areas twice daily as needed for rash, itching, or irritation and Hydrocortisone 2.5% cream apply topically to affected areas on the face as needed for itch. Review of the September 2022 Medication Administration Record identified the record was blank. Interview with the resident, Resident #1, at 10:55 AM identified he/she applies the creams as needed daily and does not inform the staff all the time of the applications. The medication policy directs all

medications must be properly stored and secured and all control medications are double locked.

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

4. Based on observations and interviews, the facility failed to ensure the keys to open the medication cabinets were not left in a drawer in the medication room and they were on person. The findings include:

   a. Observations of the medication administration on 9/28/22 at 11:25 AM identified the Manager retrieved a set of keys from a drawer. The Manager identified the keys are to open the locked cabinets and are left in the drawer due to a time when the keys were accidentally taken home. The medication policy directs at no time is the med keyset or control med key to be left in the care of an unauthorized or non med certified employee or staff. All med keys are to be maintained on the med certified staff assuming the med administration role on their shift.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (b) Physical Plant (2)(Q) and/or (c) Administration (1).

5. Based on observations and interviews for three of twenty-one resident rooms, the facility failed to ensure the resident capacity for the rooms was posted by each door. The findings include:

   a. During a tour of the facility with the Manager on 9/28/22 observations of the room entrance failed to reflect signage reflecting the resident capacity of the room. The Manager was unaware that the posting was missing.

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

6. Based on observations and interview for one sampled resident who required oxygen therapy, the facility failed to ensure an "oxygen in use" sign was posted outside the room. The findings include:

   a. Observations during a tour of the facility on 9/28/22 identified an oxygen concentrator in

Room 5 and there was no "oxygen in use" sign posted at the doorway.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or Connecticut General Statutes 19a-550 (b).

7. Based on interviews and review of facility documentation, the facility failed to ensure the facility house rules did not violate the resident rights. The findings include:

    a. Review of facility documentation entitled house rules identified the following rules that infringe on resident rights:

        i. Residents on foot or bicycle must return to the property by dusk.
        ii. Rooms are to be kept neat and clean and beds made no later than 9:30 AM.
        iii. Showers or baths are to be taken minimally three (3) times a week to include washing their hair.
        iv. Residents are to sleep in proper sleepwear (i.e. pajamas or nightgowns). Street clothes are not proper sleeping attire.
        v. All visitors must visit initially in common areas. Any request for personal room visits will be decided by the Administrator or staff on an individual basis.

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D6 (b) Physical Plant (2)(S) and/or (c) Administration (1) and/or (h) General conditions (6).

8. Based on observations, the facility failed to ensure the baseboard heating in several rooms was painted. The findings include:

    a. Observations during tour of the facility on 9/28/22 identified the baseboard heating was rusted in Room 1, the first-floor hallway bathroom and in the bathrooms of Rooms 7, 10, 17, and 19.

Approved
11/21/22
KEG

*Essex Village Manor, LLC*
59 South Main St
Essex CT 06426
Phone: 860-767-1862 FAX: 860-767-1885

November 21 ,2022

Re: Plan of Correction

Essex Village Manor

Please find plan of correction in response to attached Department of public health letter dated November 16 ,2022.

Page 3 **Item 1a**

9/29/2022 Facility manager arraigned with the delivering pharmacy to deliver all future medications in a locked box. The facility manager and person in charge will ensure this protocol is consistently adhered to.

**Item 2a**

9/28/2022 – 9/30/2022 Facility manager directly communicated with all staff to ensure medication reconciliation was appropriately documented after each shift. The facility manager will conduct a weekly audit to ensure this protocol is consistently followed. Should any shift fail to reconcile medication a meeting with the person in charge will be scheduled for possible disciplinary actions including but not limited to written warnings.

**Item 3a**

9/28/2022 Facility manager had a meeting with resident to request he stores the cream in a doubled locked container/box. The resident requested the facility to store the medication on his behalf. This medication was prescribed as a PRN. 9/29/2022 Facility manager and person in charge ensured this and any other resident who had self-administered medications was stored in a double locked container or in facility medication room. At this time no other resident was in possession of any self-administered medications. Facility manager will conduct monthly audits of the Medication Administration Record to identify any resident who may be in possession of self-administered medications. Facility will then give the resident the option of facility storing the medication on their behalf or in the residents own room in a double locked container.

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 **Item 4a**

9/28/2022 The keys were left in the drawer by staff on that shift as she went to the washroom. Facility manager spoke with that staff member to remind her of the importance of keeping the keys on person. 9/28/2022 – 9/30/2022 facility manager directly communicated with all staff to reinforce our policy regarding securing the keys at all times. Person in charge and facility manager will conduct routine reminders of this and other medication safety protocols by issuing frequent memos and frequent meetings.

**Item 5a**

9/29/2022 Maintenance staff posted the capacity of any rooms that were missing the capacity signage. Facility manager will ensure all missing signage will be replaced. Person in charge and facility manager will conduct quarterly walk through to ensure all signage is up to date.

**Item 6a**

9/29/2022 Maintenance staff posted "oxygen in use "sign in room 5. Person in charge and facility manager will conduct quarterly walk through to ensure all signage is up to date.

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**Item 7a**

On 9/30/2022 person in charge made the following changes to house rules:

i. Removed
ii. "Beds made no later than 9:30" removed
iii. Changed to "All residents should exercise proper personal hygiene"
iv. Removed
v. Changed to only require "All visitors must visit initially in common areas and sign in"

**Item 8a**

9/29/2022- 10/3/2022 Maintenance staff removed rust and painted baseboard in Room 1 and first floor hallway.

10/5/2022 – 10/7/2022 Maintenance staff removed rust and painted baseboard in bathroom room 7 and 10.

10/18/2022- 10/21/2022 Maintenance staff removed rust and painted baseboard in bathroom room 17 and 19.

Person in charge added a protocol with housekeeper's checklist to include water or rust damage observations.

Facility manager will inspect checklist and direct Maintenance to make repairs as needed.

Submitted by

Kal Patel

Administrator