STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

November 15, 2022

William Faraci, Person-in-Charge
Park Hill Manor
105 Vine Street
New Britain, CT 06051

Dear Mr. Faraci:

An unannounced visit was made to Park Hill Manor on November 9, 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 November 29, 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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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 29, 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 (c) Administration of Medications (2(E)(i).

1. Based on resident record review, facility documentation, and interviews, the facility failed to ensure the residents who received Visiting Nurse Agency (VNA) services, a copy of Medication Administration Record was available to the facility staff. The findings include:

    a. A review of resident records and interview with Attendant #1 and the Assistant Administrator on 11/9/22 identified seven (7) residents received VNA services and the facility did not have access to the Medication Administration Record (MAR) of residents who received their medications from VNA nurses. The Assistant Administrator indicated although the Medication Administration Records were on the facility premises in locked boxes, the facility staff did not have access to the MAR because the staff do not have a key to the locked boxes.

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

2. Based on facility documentation review and interviews, the facility failed to provide a copy of smoking policy, medication administration policy, abuse policy and procedure, incident reporting policy for review by the Department of Public Health. The findings include:

    a. Interview with the Administrator on 11/9/22 identified he did not have smoking, medication administration, abuse, incident reporting policies and procedures because he did not know he had to have the policies available for review.

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).

3. Based on review of facility documentation, observations, and interviews, the facility failed to ensure compliance with all applicable codes, standards, and regulations of the State of Connecticut Fire Safety Code and the National Fire Protection Association. The findings include:

    a. On 11/09/22 at 12:30 P.M., during a tour of the facility and while accompanied by the facility owner, the following observations were identified:

        - The surveyor while accompanied by the Facility Owner observed the door from the main floor to the stairwell held open with a wood wedge. Doors are required by NFPA 101 to close upon alarm activation.

Park Hill Manor
105 Vine Street
New Britain, Ct 06050
November 23, 2022

Approved
11/29/22
KEG

Karen Gworek, RN. BSN.
Supervising Nurse Consultant
Facility Licensing & Investigations Section
410 Capitol Avenue
Hartford, Connecticut 06134-0308

Dear Ms. Gworek:

Following is the plan of correction your office has requested from Park Hill Manor as a result of an unannounced visit by your department to Park Hill Manor on November 9, 2022. We hope it meets with your approval.

- Correction No. 1: Facility failed to ensure the residents who received VNA services had a copy of their medication record available to the facility staff.
  1. Measures to ensure that systemic changes will be maintained have been initiated and are now in force. Park Hill Manor has acted upon this issue by contacting the agencies involved and has requested that all medication records are to be kept together in total and inclusive with all resident medication record.
  2. This correction has been acted upon and completed as of November 10, 2022.
  3. To ensure continuation of this correction, all staff involved in medication activity have been instructed to be continuously aware, by visual awareness, that all medication records for all residents are available to staff, as required.
  4. This correction will be supervised by the administrative staff in an ongoing program of observation and continued compliance with this regulation.

- Correction No. 2: Facility failed to provide a copy of smoking policy, medication administration policy, abuse policy and procedure and incident reporting policy for review.
  1. Measures to correct this violation have been addressed by making such policies available for review. All policies, including smoking, medication administration, abuse policy and procedures and incident reporting have been compiled and available for viewing as required.
  2. These policies were addressed beginning on November 9, 2022 and are now available as of this date in respective binders and folders for appropriate viewing.
  3. To ensure that these policies are available and updated, all staff and personnel will be instructed on a regular basis of the importance of these policies by the administrative staff as part of an ongoing program of supervision.
  4. The administrator will ensure that all policies will be kept up to date and available to all authorized individuals in an appropriate location.

- Correction No. 3: Facility failed to ensure compliance with all applicable codes, standards and regulations of Connecticut Fire Safety Code and NFPA.

1. The door to the main stairwell, held open by a wood wedge, will be corrected with the installation of an automatic door closer activated by alarm activation. Until such a device is installed, this door will remain closed when not in use.
2. Hartford Sprinkler Co. has been contracted to install an automatic device and has indicated that work will be done by December 1. 2022. Until then, the removal of the wedge will keep the facility in compliance with the codes.
3. All employees and staff have been alerted to this violation and have been instructed to remain mindful of this correction. In addition, this issue will be part of the fire policy of the facility.
4. The administration will be responsible for this correction and to see that the plan of correction is monitored on a continual basis.

We trust this plan meets with your approval.

Sincerely yours,

William Faraci, Administrator