STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

October 20, 2022

Bethany Camputaro, Person-in-Charge
Masonic Healthcare Center
22 Masonic Avenue
Wallingford, CT 06492

Dear Ms. Camputaro:

An unannounced visit was made to Masonic Healthcare Center on October 5, 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 is the violation of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which was 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 3, 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 violation and you may be provided with the opportunity to be heard. If the violation is not responded to by November 3, 2022 or if a request for a meeting is not made by the stipulated date, the violation 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

cc: Mairead Painter, LTC Ombudsman Program

The following is a violation 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).

1. Based on review of facility documentation, observations, and interviews, the facility failed to ensure the State of Connecticut Fire Safety Code and the National Fire Protection Association was implemented. The findings include:
   On 10/05/22 at 09:00 A.M., during a tour of the facility and while accompanied by a facility representative, the following observations were identified:
   a. Documentation was not provided to the surveyor from the facility to indicate that the fire drills were being completed as required by NFPA 101. i.e., The only fire drills were from actual alarm activations during the first shift and second shift of the second quarter of 2022. No other required drills were completed.
   b. Documentation was not provided to the surveyor from the facility to indicate that the kitchen hood cleaning was being completed as required by NFPA 1 section 50.5.6.1. i.e., There were no records that the required cleaning was completed.
   c. Documentation was not provided to the surveyor from the facility owner 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 sprinkler inspection was completed in the first quarter of 2022.
   d. Documentation was not provided to the surveyor from the facility owner 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 sprinkler inspection was completed in the second quarter of 2022.

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Approved 11/4/22 KEG

DATE: October 28, 2022
FROM: Bethany Camputaro, Administration
Masonicare Health Center: Wright Residence RCH
TO: Karen Gworek, RN
Supervising Nurse Consultant, FLIS
RE: Plan of Correction for 10/5/2022 unannounced visit

Hello,

Please see our plan of correction regarding the following violations found in the 10/5/22 visit:

➔ Item 1a: "Documentation was not provided to the surveyor from the facility to indicate that the fire drills were being completed as required by NFPA 101. i.e, the only fire drills were from actual alarm activations during the first and second shift of the second quarter of 2022."

- PLAN OF CORRECTION:
  (1) The facility immediately created a read and sign education related to fire drills for Wright that discussed what should be done during a fire drill, and to inform everyone that regular fire drills will now be taking place in Wright on all shifts. The Director of Facilities & Manager of Facilities will ensure testing is completed regularly on all shifts and recorded as recommended by the NFPA 101 guidelines.
  (2) The corrective measures began immediately and will continue indefinitely.
  (3) The Director of Facilities, the Manager of Facilities along with the Administrator will monitor the fire drill records to ensure compliance.
  (4) Matthew Devan, Director of Facilities for MHC; John Vance, Manager of Facilities; Bethany Camputaro, Administration.

➔ Item 1b: "Documentation was not provided to the surveyor from the facility to indicate that the kitchen hood was being completed as required by NFPA."

- PLAN OF CORRECTION:
  (1) The facility contacted the company, Trans Clean, and obtained a copy of the service record for most recent cleaning; which was 10/4/22 the day before the unannounced inspection. Manager of Facilities also ensured this hood was on the cleaning schedule with Trans Clean in line with the NFPA recommendations.
  (2) The corrective measures began immediately and will continue indefinitely.
  (3) The Director of Facilities, the Manager of Facilities along with the Administrator will ensure service is completed for the kitchen hood in compliance with NFPA recommendations.
  (4) Matthew Devan, Director of Facilities for MHC; John Vance, Manager of Facilities; Bethany Camputaro, Administration.

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➔ Item 1c: "Documentation was not provided to the surveyor from the facility to indicate that the sprinkler system was being tested, inspected and maintained as required by NFPA. There were no records that the sprinkler inspection was completed in the first quarter of 2022."

- PLAN OF CORRECTION:
  (1) The facility was in between two contracts and was without a contracted company for the quarter identified. Masonicare had the new company, FCS, come out on 9/12/22 for a full testing, inspection and maintenance and will continue to schedule these services every quarter following this.
  (2) The corrective measures began 9/12/22 with a new inspection company, FCS and will continue quarterly.
  (3) The Director of Facilities, the Manager of Facilities along with the Administrator will ensure quarterly testing, inspection and maintenance of the sprinkler system is completed and documented in line with NFPA recommendations.
  (4) Matthew Devan, Director of Facilities for MHC; John Vance, Manager of Facilities; Bethany Camputaro, Administration.

➔ Item 1d: "Documentation was not provided to the surveyor from the facility to indicate that the sprinkler system was being tested, inspected and maintained as required by NFPA. There were no records that the sprinkler inspection was completed in the second quarter of 2022."

- PLAN OF CORRECTION:
  (1) The facility was in between two contracts and was without a contracted company for the quarter identified. Masonicare had the new company, FCS, come out on 9/12/22 for a full testing, inspection and maintenance and will continue to schedule these services every quarter following this.
  (2) The corrective measures began 9/12/22 with a new inspection company, FCS and will continue quarterly.
  (3) The Director of Facilities, the Manager of Facilities along with the Administrator will ensure quarterly testing, inspection and maintenance of the sprinkler system is completed and documented in line with NFPA recommendations.
  (4) Matthew Devan, Director of Facilities for MHC; John Vance, Manager of Facilities; Bethany Camputaro, Administration.