STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

October 25, 2022

Stuart Beilman, Person-in-Charge
Green Lodge of Manchester Inc
612 East Middle Turnpike
Manchester, CT 06040

Dear Mr. Beilman:

Unannounced visits were made to Green Lodge of Manchester, Inc, on September 8, 2022 and October 17, 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 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.

Connecticut Department of Public Health

Phone: (860) 509-7400 • Fax: (860) 509-7543
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

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 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

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 (q) Dietary Service (4).

1. Based on observations, the facility failed to ensure the kitchen countertops met infection control protocol. The findings include:

    a. During a tour of the kitchen with the cook on 9/8/22 at 9:00 AM the kitchen countertops were noted to be delaminated and they did not have a smooth cleanable surface.

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

2. Based on review of personnel files and interviews, the facility failed to ensure performance evaluations were conducted annually. The findings include:

    a. Interview with the Office Manager on 9/8/22 identified no annual employee performance evaluations have been completed since 2020.

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 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 staff were conducting narcotic medication reconciliation every shift. Interview with the Office Manager on 9/8/22 noted she was unaware staff needed to count narcotic medications shift to shift.

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, 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 medication cabinet with a staff member on 9/8/22 at 8:50 AM identified

two (2) medication bubble packs labeled Ritalin 10 milligrams (mg) stored on the medication shelf with other non-controlled medications without the benefit of being stored in a double locked cabinet. Interview with the staff member identified Ritalin should be stored in the narcotic cabinet which was located on the other side.

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) and/or Connecticut General Statutes 19a-495a (3).

5. Based on review of facility documentation and interviews, the facility failed to ensure that staff who assisted with medications had current medication administration certificates. The findings include:

   a. Observations during the medication administration on 9/8/22 at 11:15 AM identified a staff member took a medication bubble package out of the cabinet, placed the pack on the counter, the resident poured a glass of milk, took the bubble pack, looked at the medication label, popped the medication onto the counter, picked up the pill, and took the medication. Interview with the Office Manager identified no staff at the facility have current medication administration certificates.

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)(D)(ii).

6. Based on review of facility documentation and interviews, the facility failed to ensure the resident records had current physician orders to reflect the medications in each resident's medication regimen. The findings include:

   a. Observations of the medication records on 9/8/22 failed to reflect documentation of physician orders. Review of the medication packaging was the only area that indicated the resident's medication list specific to that hour.

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)(ii).

7. Based on review of facility documentation and interviews, the facility failed to ensure current Medication Administration Records were available to review each resident's medication regimen and sign off the medications were taken. The findings include:

a. Review of facility documentation identified a record labeled with the resident's name, Med Pack, the times medications are administered (7AM, 11AM, 4PM, 8PM) and the initials of the staff member who gave the resident the bubble pack in the column at which time the medication was distributed.

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)(F).

8. Based on review of facility documentation and interviews, the facility failed to ensure there were two (2) separate Controlled Medication Disposition Records. The findings include:

   a. Review of facility documentation identified a record with the resident's name and the medication Methylphenidate 10 milligrams one (1) tablet in the morning and one-half tablet at 11:00 AM. The documentation indicates that both medications are listed on the one (1) record and signed off as given at 7:00 AM and 11:00 AM as well as the remaining count.

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

9. Based on observations and interviews, the facility failed to document the temperatures of the refrigerators and freezers to monitor if the equipment is functioning effectively. The findings include:

   a. Observations during a tour of the facility identified although all of the refrigerators and freezers had a thermometer there was no logs maintained to denote if the appliances were functioning properly.

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).

10. 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. Personal radios and televisions must be turned off by 10:00 PM and cannot be turned on until after 8:00 AM. No radios outside after 10:00 PM.
ii. Use the bathroom assigned to you.
iii. Residents are not allowed to call the police for any reason, go to a staff member.
iv. Residents agree to allow the facility management to open their business mail.
v. You must have permission from the night manager to watch television in the living room after 10:00 PM.

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).

11. Based on review of facility documentation, observations, and interviews, the facility failed to ensure compliance with all applicable codes, standards, and regulations that would apply to the use group of the facility. the State of Connecticut Fire Safety Code and the National Fire Protection Association was implemented. The findings include:

    a. On 10/17/22 at 11:00 A.M., during a tour of the facility and while accompanied by a facility representative, the following observations was noted. There was a power strip overloaded with extension cords and other electrical appliances in Resident Room #11.

Green Lodge of Manchester, Inc.

612 E. Middle Tpke.

Manchester, CT 06040

(860) 649-5985 Fax (860) 649-4433

greenlodge@cox.net

Oct. 31, 2022

Karen Gworek, RN, BSN

410 Capitol Ave.

P.O. Box 340308

Hartford, CT 06134-0308

Dear Ms. Gworek,

This is the plan of corrections to the items of noncompliance identified on our inspections on Sept. 8 and Oct. 17, 2022 for Green Lodge of Manchester, Inc.

1. The kitchen counter was delaminated and did not have a smooth cleanable surface. The counter will be covered with new laminate. Stuart Beilman will be in charge of resurfacing the counter by 12/30/22
2. The personnel files did not have annual performance evaluations since 2020. Melanie McClure will do the evaluations and put in files by 11/30/22
3. Shift to shift reconciliations controlled medications were not documented. Melanie McClure will ensure that all staff on each shift count the controlled medications and document by 10/31/22
4. Controlled medications were found not to be locked in the double locked cabinet. Melanie McClure will ensure that all staff keep the controlled medications in the double locked cabinet available in the kitchen. This will be done immediately 10/31/22

5. Green Lodge failed to ensure that there were staff with current medication administration certificates. Melanie McClure will take the certification course by 12/30/22
6. Resident medical records did not have current physician orders to reflect the medications in each resident's medication regimen. Melanie McClure will get physicians orders for all resident files by 12/30/22
7. Medication Administration Records were unavailable to review each resident's medication regimen and sign off the medications were taken. Melanie McClure will obtain the Medication Administration paper work and have the staff sign off when medications are taken by 11/30/22
8. Failure to ensure there were two separate controlled medication disposition records for two different medications. Melanie McClure will make a separate sheet for the controlled medications as well as the remaining count by 10/31/22
9. Green Lodge failed to document the temperatures of the refrigerators and freezers. Melanie McClure will make a log for the freezers and refrigerators to be monitored for correct temperatures by 11/30/22
10. The house rules were found to infringe on resident rights. Melanie McClure will rewrite the house rules and omit the five rules that may infringe on resident rights by 11/30/22
11. There was a power strip overloaded with an extension cord and other electrical appliances in room #11. Stuart Beilman will remove this extension cord and make sure power strip is not overloaded immediately 10/31/22.

Sincerely,

Stuart Beilman

Stuart Beilman, Administrator