STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

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Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

November 1, 2022

Sheri Stalsburg, Person-in-Charge
Forest Hills Guest Home
462 Derby Avenue
West Haven, CT 06516

Dear Ms. Stalsburg:

An unannounced visit was made to Forest Hills Guest Home on October 18, 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 15, 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 November 15, 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: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)(Q) and/or (c) Administration (1).

1. Based on observations and interviews for six of nine 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 10/18/22 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 (g) Dietary service (1).

2. Based on observations and interviews, the facility failed to ensure outdated food was discarded. The findings include:
   a. Observations on 10/18/22 of a standup refrigerator located in the basement identified outdated foods items. These items were a pie dated 9/22/22, cooked mushrooms dated 10/12/22, a strawberry cake dated 10/14/22 and tomato sauce dated 10/12/22. Interview with the Manager identified the foods items should have been discarded.

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

3. Based on observations and interviews, the facility failed to monitor freezer temperatures. The findings include:
   a. Observations on 10/18/22 of the freezers located in the basement failed to reflect documentation that the freezers were monitored to ensure they were functioning properly. Interview at the time of the observations, the Manager indicated the facility does not monitor the freezers.

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.

4. Based on review of the resident Medication Administration Records for seventeen residents, identified that there were no specific times the medications were to be administered. The findings include:
   a. Review of the Medication Administration Records (MAR) identified the time medications are administered are am and hs. The MAR failed to reflect a specific scheduled time, i.e. 9:00 AM or 7:00 PM. The Medication Administration policy directs medication distribution times are

7:00 AM, 12:00 PM, 4:00 PM and 7:00 PM, medications are to be given one (1) hour before or one (1) hour after the scheduled time as noted on the MAR.

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)(i).

5. Based on review of the Medication Administration Records identified the facility failed to document the effectiveness when an as needed (PRN) medication had been administered. The findings include:
   a. Review of the Medication Administration Records (MAR) with the Manager identified the facility does not document on the back of the record the date, time, reason, and effectiveness when an as needed (PRN) medication was administered. The Medication Administration policy directs all "as needed" (PRN) medications will be documented in the client's individual MAR with information to indicate the time the PRN was given, the reason and the outcome.

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)(ii).

6. Based on observations and interviews, the facility failed to ensure the medication refrigerator had a lock to secure the medications. The findings include:
   a. Observations of the kitchen identified the medication refrigerator was located on a counter in a corner and the refrigerator had no lock. Inside the refrigerator were resident medications. Interview with the cook and certified medication technician identified someone was always in the kitchen so there was no need to have a lock. The facility did not consider if there was the need to evacuate the facility, the medications would be unsecured. The Medication Administration policy directs non-controlled medications will be stored in a locked storage area.

Approved 11/5/22 KEG

Plan of Correction: FOREST HILLS GUEST HOME 11/5/22

1.During a tour of facility rooms failed to reflect signage of capacity for each room
PLAN OF CORRECTION:
Immediately added occupancy numbers. Maintenance and staff directed to make sure these numbers are secured and don't fall off.

2. One standup refrigerator contained outdated food items.
PLAN OF CORRECTION:
Food was immediately discarded. Staff has been reminded about food item expiration dates, retraining sheet on in-services, and a laminated reminder to "check expiration dates" has been added to pantry/fridge area.

3. Freezers failed to reflect documentation.
PLAN OF CORRECTION:
Refrigerator AND freezer logs are now being kept. Before it was only refrigerator. Also ordered new thermometers for all freezers to ensure accuracy and reliability. (See attached)

4. MAR- identified times AM and HS.
PLAN OF CORRECTION:
Called Hancocks and MAR's have been updated to include the times of medication rather than "AM, noon, PM". They are sending revised MAR sheets that say 7:00 1:00 and 7:00. (See attached)

5. MAR "PRN" documentation on back of sheet. Given, Reason, Outcome
PLAN OF CORRECTION:
Educated staff on PRN appropriate documentation on the backside of sheet and to enter its effectiveness. Our nursing staff will be assisting the aides and auditing its correctness. (See attached)

6. Medical Fridge did not have a lock.
PLAN OF CORRECTION:
-Medical Fridge lock ordered. Staff have been updated. All non-controlled meds are stored in a locked storage area. (See attached)

Thank you for your assistance and dedication to your craft. It was very nice meeting you all.

-Sheri Stalsburg (Owner) -Eric Stalsburg (Manager)