STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

December 14, 2022

Marie Montpetit, Person-in-Charge
Massack Memorial Home
30 Davis Avenue
Rockville, CT 06066

Dear Ms Montpetit:

An unannounced visit was made to Massack Memorial Home on November 16, 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 December 28, 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 December 28, 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 (c) Administration (1) and/or (f) Dietary service (1).

1. Based on observations and interviews, for four (4) refrigerators and three (3) freezers, the facility failed to monitor refrigerator and freezer temperatures daily. The findings include:
   a. During a tour of the facility with the Assistant Manager on 11/16/22, observations in the kitchen and dining room identified the refrigerators, freezers temperatures were not being monitored daily. Interview with the Assistant Manager at the time of observation identified she was unaware temperatures were to be monitored and documented daily.

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).

2. Based on clinical record review, facility documentation, and interviews for seventeen sampled residents who were reviewed for medication administration, the facility failed to ensure medications were documented accurately on the Medication Administration Record, and for residents who received Visiting Nurse Agency (VNA) service a copy of Medication Administration Record was available to facility staff and failed to document the effectiveness of as needed medications received by the residents. The findings include:
   a. Review of the Medication Administration Record (MAR) for November 2022 and interview with the Assistant Manager on 11/16/22 identified medications scheduled for 11/15 at 4:00 PM and 8:00 PM for seventeen (17) residents were not documented as administered. Interview with the Assistant Manager at the time of observation identified the staff who worked the second shift on 11/15/22 forgot to sign the medications as administered because she did not see any medications left in the residents' boxes from yesterday. The Assistant Manager indicated she did not know what happened and why the medications were not signed off as administered.
   b. Review of the Medication Administration Record (MAR) for November 2022 and interview with the Assistant Manager on 11/16/22 identified one (1) resident received their medications from VNA nurses and that was why the medication in the MAR were not signed off as administered. The Assistant Manager indicated although the Medication Administration Record was on the facility premises in locked boxes in the resident's room, the facility staff did not have access to the residents MAR because the staff did not have access to the locked box. The Facility Manager identified the VNA nurse did not provide keys for the facility staff to access the resident MAR.
   c. Review of the Medication Administration Record (MAR) for November 2022 and interview with the Assistant Manager on 11/16/22 identified the effectiveness of as needed medication administered was not documented in the MAR.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (b) Physical Plant (2)(S) and/or (c) Administration (1) and/or (c) administration (5).

3. Based on observations, facility policy and interviews, the facility failed to ensure the environment was maintained in a clean, comfortable, and homelike manner. The findings include:
   During a tour of the facility on 11/16/22 with the Manager, the following were identified:
   a. Room #5 was noted with patched walls in the bathroom and the bedroom, however the walls were not painted.
      The kitchen was noted with two (2) holes in the linoleum floor by the dishwasher and gaps in the linoleum flooring. Interview with the Manager at the time of observation identified the walls in the bathroom were painted multiple times, however there was a problem with steam in the bathroom and she was looking for a way to install a bathroom vent to help with this problem. The Manager indicated she had a plan to renovate the kitchen countertops and the kitchen flooring, however she needed to close the kitchen for a week to complete the renovation and she postponed the renovation until the spring of next year.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (b) Physical Plant (2)(N)(5) and/or (c) Administration (1).

4. Based on observation and interviews, the facility failed to ensure each resident room was equipped with an audible call bell system. The findings include:
   a. Observations during a tour of the facility with the Manager on 11/26/22 identified each resident room was not equipped with an audible call bell system connected to an annunciator panel in the Manager's office and employees' area where there was staff twenty-four (24) hours a day. Interview with the Manager at the time of observation identified there never was an audible call bell system in the facility.

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).

5. 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:
   On 11/16/22 during a tour of the facility between 10:00-10:30 AM and while accompanied by the facility manager, the following observations were identified:
   a. The surveyors while accompanied by the facility manager observed unapproved containers being used as a receptacle for discarded smoking materials on the front porch. Noncombustible ashtrays are required by NFPA 1 section 10.9.2
   b. The surveyors while accompanied by the facility manager observed four (4) beds in Room 3.

c. Documentation was not provided to the surveyor from the facility manager to indicate that the generator was being serviced two (2) times a year (1 major and 1 Minor service) as required by NFPA 110. i.e., No minor or major generator service were completed in the last twelve (12) months.

Approved
12/27/22
KEG

Massack Memorial Home
30 Davis Avenue
Rockville, CT 06066

Plan of Correction regarding November 16, 2022 FLIS visit

1.) Based on observations...four refrigerators and three freezer temperatures were not being monitored daily.

Refrigerator and Freezer daily log was created and has been maintained since November 16, 2022, the day of the inspection. Staff has been directed that daily log is required.

Temperatures will be logged daily and maintained by Kitchen Staff.

Merrilee McFeaters, Person In Charge will ensure that Massack Home remains in compliance with maintaining daily log.

2a) Based on clinical record review...medications secheduled for 11/15 for 4:00pm and 8:00pm were not documented as administered.

Staff member S.N. was spoken to by Person In Charge Merrilee McFeaters and given a verbal warning regarding neglect of signing MAR on 11/15. Staff member verified administering medications and corrected MAR on 11/16. Acknowledged mistake and recognized importance of signing MAR after each individual medication is administered.

Massack Memorial Home's MAR will be monitored daily by staff. Staff has been informed that they cannot leave shift without double checking MAR to make sure that proper documentation has been completed. "Buddy System" between off going and on coming shifts to insure proper documentation.

MAR will be monitored daily by Frances Dodd.

Merrilee McFeaters, Person In Charge well ensure that Massack Home remains in compliance with maintaining MAR.

2b) Review of the MAR....identified one resident received their medications from VNA nurses....and they were not signed off as administered.

VNA nurses were directed to sign off in the Massack Memorial Home MAR effective immediately as of November 16, 2022.

Massack Memorial Home's MAR will be monitored daily by staff. Staff has been informed that they cannot leave shift without double checking MAR to make sure that proper documentation has been completed. "Buddy System" between off going and on coming shifts to insure proper documentation.

MAR will be monitored daily by Frances Dodd.

Merrilee McFeaters, Person In Charge well ensure that Massack Home remains in compliance with maintaining MAR.

2c) Review of the MAR...identified the effectiveness of as needed medication was not documented in the MAR.

All Staff have been instructed to ask residents the effectiveness of their prn medications within a two hour window and to document response.

This went into effect on November 16, 2022.

Massack Memorial Home's MAR will be monitored daily by staff. Staff has been informed that they cannot leave shift without double checking MAR to make sure that proper documentation has been completed. "Buddy System" between off going and on coming shifts to insure proper documentation.

MAR will be monitored daily by Frances Dodd.

Merrilee McFeaters, Person In Charge well ensure that Massack Home remains in compliance with maintaining MAR.

3) Based on observation....Room #5 was noted with patched walls in the bathroom and the bedroom, however the walls were not painted....AND...The kitchen was noted with two holes in the linoleum floor by the dishwasher and gaps in the linoleum flooring.

Room #5 bathroom and bedroom walls will be painted on by Massack Memorial Home maintenance on/or prior to January 7, 2023. Please note the walls were primed, not patched.

Bathroom and bedroom will be checked monthly and painted as needed by Michael Williams, Massack Maintenance Man.

Merrilee McFeaters, Person In Charge will ensure that Massack Home remains in compliance with maintaining proper upkeep.

AND

Please note that there are no gaps in the kitchen linoleum; seams are present but there is no lifting at the seams. Management recognizes the need to replace the kitchen flooring and is currently seeking quotes from Dalene Flooring of Manchester and Schneiders Flooring of Vernon. One of these companies will be hired to replace the flooring in conjunction with the installation of new countertops from Express Kitchens in the spring of 2023. Date to be determined but completion anticipated prior to the end of June 2023.

Merrilee McFeaters, Person In Charge will ensure that Massack Home remains in compliance with completing this project.

4.) Based on observation....the facility failed to ensure each resident room was equipped with an audible call bell system.

Massack Memorial Home has never been asked to install a call bell system up until this inspection. We are not a classified as a nursing home nor do we have a medical staff. Rounds are performed by staff every other hour to ensure the safety of our residents. We also have a camera system in the common areas which is monitored in the office.

Management received an estimated quote of $5200 to $7200 (not including installation) from the MMH Call System Company.

The State of Connecticut is asking for things that take time and capital to complete. The installation of this equipment in this building would create an economic hardship for Massack Memorial Home. Although, Massack Home is committed to constant improvement of our home, our budget is unable to undertake this burden at this time. Currently we are under census by three residents ($9154.20 loss/month), the added financial burden of the co-vid pandemic, the increase of minimum wage for staff, and economic inflation in regards to food, gas, oil, etc.

5a) Based upon review....the facility failed to ensure compliance with all applical codes....of the State of CT Fire Safety Codes...etc.

Massack Memorial Home does not agree with this violation.

First, please note that the manager was not with the surveyors when they "observed unapproved containers being used as a receptacle for discarded smoking materials on the front porch." This concern was not even brought to the manager's attention during the visit and appears as an unexpected violation.

Our cigarette receptacles are ceramic urns filled with sand. Massack Memorial Home has never been asked to change the type of smoking receptacles until this inspection. Massack Home just passed the yearly Fire Inspection from the Fire Marshall of Tolland County. In the past, Massack was instructed to put sand in the bottom of the receptacles and that rule has been strictly adhered to. Receptacles are cleaned out daily and this has always sufficed.

Merrilee McFeaters, Person In Charge, ordered alternative receptacles and the ceramic urns have been replaced.

Cigarette receptacles will be checked daily and cleaned as needed by Michael Williams, Massack Maintenance Man.

Merrilee McFeaters, Person In Charge will ensure that Massack Home remains in compliance with changing the receptacles.

5b) The surveyors.....observed four beds in Room 3.

This has been corrected. The fourth bed was moved to Room 1 which now has two beds.

5c) Documentation was not provided...to indicate that the generator was serviced two times per year.

Massack Memorial Home does not agree with this violation.

This is incorrect. Documentation was present in book; simply overlooked. Service is done by Kinsley Power Systems of East Granby, CT. Full inspections were done on 10/21/21 and 04/06/22 and another inspection is scheduled for Wednesday, December 28th. Kinsley has put Massack Home on an automatic schedule for every March and every September moving forward.

Merrilee McFeaters, Person In Charge will ensure that appropriate inspections of the generator are performed twice a year and are more easily located in Inspection Report Book.

This plan has been created and respectfully submitted by:

Merrilee McFeaters, Person-In-Charge