STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

March 13, 2023

Robert Page, Person-in-Charge
Hannah Gray
235 Dixwell Avenue
New Haven, CT 06511

Dear Mr. Page:

An unannounced visit was made to Hannah Gray on January 11, 2023 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 March 27, 2023.

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.

Keeping Connecticut Healthy
DPH
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 March 27, 2023 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 Karen Gworek, Supervising Nurse Consultant at Karen.Gworek@ct.gov Please direct your questions concerning the instructions contained in this letter to Karen directly at (860) 509-7472.

Respectfully,

Karen Gworek, RN, B.S.N.
Karen Gworek, R.N., B.S.N.
Supervising Nurse Consultant
Facility Licensing & Investigations Section

KEG:lst

cc. Mairead Painter, LTC Ombudsman Program

Complaint #32397

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

1. Based on facility documentation review and interviews, the facility failed to ensure the Applicant Background Check Management System (ABCMS) documentation were readily available for the surveyor to review. The findings include:
   a. Interview with the Director of Facility on 1/11/23 identified ABCMS background checks were not available for the surveyor to review because he did not remember the password to access the ABCMS background checks.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (f) Dietary service (2).

2. Based on observations and interviews, the facility failed to post daily or weekly menus for the residents to review prior to the meal served. The findings include:
   a. During a tour of the facility on 1/11/23 identified there were no menu posted informing the residents of daily meals offered in January. Interview with Person-in-Charge on 1/11/23 identified she did not know the menu was not posted and indicated the menu was usually posted in the dining room.

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

3. Based on observations and interviews, the facility failed to post recreational activities calendar. The findings include:
   a. During a tour of the facility on 1/11/23 identified although the resident lounges had televisions, there was no calendar posted informing the residents of the recreation activities offered in January. Interview with Person-in-Charge on 1/11/23 identified the Social Worker might have been working on the recreational calendar for January.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (b) Physical Plant (3)(Q) and/or (c) Administration (1).

4. Based on observations and interviews for twenty (20) resident rooms, the facility failed to ensure the capacity of residents in each room was noted on the entrance way to the rooms. The findings include:
   a. Observations during a tour of the facility on 1/11/23 identified the resident rooms did not have the resident capacity number on the entrance to the rooms. Interview with the Person-in-Charge on 1/11/23 identified she was not aware the rooms did not have the capacity number denoted on the entrance way.

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

5. Based on facility documentation review and interviews, the facility failed to ensure a proof of consent from a resident if the facility was managing the resident's funds and monies was readily available for the surveyor to review. The findings include:
   a. Interview with the Director of Facility on 1/11/23 at 11:05 AM identified the facility was managing the residents' funds and monies, however the documentation of consent signed by a resident for the facility to manage their funds and monies was not available for the surveyor to review.

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

6. Based on facility documentation review and interviews, the facility failed to ensure the resident signed a thirty (30) day discharge notice at the time of the facility's decision not to readmit the resident after hospitalization. The findings include:
   a. Review of the facility documentation identified Resident #1 was hospitalized and had been cleared by the hospital to return to the facility on or about 5/23/22. Review of the resident record failed to reflect documentation that a thirty (30) day involuntary discharge notice had been given to the resident when the resident was transferred to the hospital and the facility made the decision not to accept Resident #1 back. Interview with the Director of Facility on 1/11/23 identified the facility refused to take Resident #1 back due to Resident #1 aggressive behavior toward other residents while intoxicated. The Director of Facility identified the facility would hold the bed if Resident #1 was in treatment, however Resident #1 refused to follow medical provider advice and the facility had no alternative but to discharge Resident #1.

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).

7. 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 1/11/23 at 9:00 A.M. during a tour of the facility and while accompanied by a representative of the facility, the following observations were identified:
   a. The surveyor while accompanied by a representative of the facility observed the doors throughout were held open by unapproved devices. Fire doors are required to close upon alarm activation.
   b. The surveyor while accompanied by a representative of the facility observed multiple oxygen tanks unsecured in Room 102.
   c. The surveyor was not provided with documentation to indicate that fire drills were completed as required by NFPA 1 section 20.5.2.3.1.

d. The surveyor was not provided with documentation to indicate that generator services were completed as required by NFPA 1 section 11.7.5

Robert Page, LCSW, BCD
Executive Director

Hannah Gray Home, Inc.
235 Dixwell Avenue
New Haven, CT 06511
Phone: 203-907-052
Fax: 203-907-0446

Approved 3/28/23 KEG

Regulation of Connecticut State Agencies Section 19-13-D6 (c) Administration (1)

No resident ill-effect was noted.

The assigned staff\designee responsible for managing documentation for the Applicant Background Check Management System (ABCMS) has requested login credentials from the DPH ABCMS program to log into the ABCMS database.

Assigned staff/designee will be educated on the need to maintain login credentials within the specified timeframes to avoid expirations and/or deactivation of credentials.

As part of the QA process, the assigned staff\designee will log into the ABCMS 1-2x per month, review documentation of completed background checks for the month, and discuss any issues, at least quarterly, with the QA committee for deliberation until substantial compliance is achieved.

Completion Date: June 30, 2023

Regulation of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (f)Dietary Service (2)

No resident ill-effect was noted.

Daily/weekly menus have been posted at the designated area, with copies available for review by residents and responsible parties.

Staff has been educated on the need to ensure that daily/weekly menus are always posted/available for review prior to meals being served.

A random audit of menu posting will be conducted weekly and corrected immediately, with results presented to the QA committee for recommendations on a quarterly basis.

The Person in Charge/designee shall be responsible for monitoring this corrective action.

Completion Date: June 30, 2023

Regulation of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or Recreation

No resident ill-effect was noted.

Recreation calendars have been posted in the designated areas.

Staff has been educated on the need to ensure that monthly recreational activities calendars are posted to inform residents of upcoming scheduled recreational activities.

A random audit of recreation calendar posting will be conducted weekly and corrected immediately, with results presented to the QA committee for recommendations on a quarterly basis.

The Person in Charge/designee shall be responsible for monitoring this corrective action.

Completion Date: June 30, 2023

Regulation of Connecticut State Agencies Section 19-13-D6 (b) Physical Plant (3)(O) and/or Administration (1)

No resident ill-effect was noted.

The capacity of residents in each room has been noted at the doorway to each of the thirteen rooms.

Staff will be educated on the need to ensure that resident capacity is always noted at the doorway to the each of the sixteen rooms.

A random audit will be conducted daily/weekly/monthly, and as needed to ensure the posting of the residents' capacity is updated regularly. The findings of the audit will be documented and presented to the QA committee for recommendations on a quarterly basis.

The Person in Charge/designee shall be responsible for monitoring this corrective action.

Completion Date: June 30, 2023

Regulation of Connecticut State Agencies Section 19-13-D6 (c) Administration (1)

No resident ill-effect was noted.

An audit has been completed for residents whose funds are managed by the facility to identify those with consent and those without consent, including the authorization and signature of the conservator if necessary.

Staff has been educated to ensure that residents no consents sign consents immediately informing them of the policy for managing their funds and the availability of those funds.

A random audit of fund management consents will be conducted monthly x1, and quarterly, with results presented to the QA committee for recommendations on a quarterly basis.

The Person in Charge/designee shall be responsible for monitoring this corrective action.

Completion Date: June 30, 2023

Regulation of Connecticut State Agencies Section 19-13-D6 (c) Administration (1)

Resident #1 no longer resides at the facility.

Staff will be educated on the 30-day discharge policy and need to ensure that anytime the facility decides to initiate an involuntary discharge of a resident, such resident and/or responsible party will be issued a 30-discharge notice, with documentation showing such discharge notice was given.

At least monthly, a random audit of involuntary discharges will be conducted to identify if documentation exists. The results of the audit will be presented to the QA committee for recommendations on a quarterly basis for review and recommendations.

The Person in Charge/designee shall be responsible for monitoring this corrective action.

Completion Date: June 30, 2023

Regulation of Connecticut State Agencies Section 19-13-D6 (b) Physical Plant (2)(b) and/or (c) Administration (1) and/or (c) Administration (5)

No resident ill-effect was noted.

Staff has been educated on compliance with all applicable codes, standards, and regulations relating to fire safety and protection. Staff has also been educated to ensure documentation is readily available for review by regulatory and responsible parties.

Staff education includes, but is not limited to, ensuring that unapproved devices are not used to hold fire doors, that fire doors are closed upon alarm activation, oxygen tanks are secured and properly stored, and that fire drills are completed within the recommended timeframes.

At least daily, a staff\designee will complete an audit of oxygen tanks to ensure they are properly secured and stored. Staff\designee will identify and remove unapproved devices from doorways. At least monthly, during fire drills, staff will ensure that the fire doors close during activation. The findings of these audits will be presented to the QA committee for recommendations on a quarterly basis until substantial compliance is achieved.

The Person in Charge/designee shall be responsible for monitoring this corrective action.

Completion Date: June 30, 2023

Robert Page, LCSW, BCD
Executive Director

Hannah Gray Home, Inc.
235 Dixwell Avenue
New Haven, CT 06511
Phone: 203-907-052
Fax: 203-907-0446

March 27, 2023

Karen Gworek, RN, BSN
Supervising Nurse Consultant
Facility Licensing & Investigations Section
Department of Public Health
410 Capitol Avenue
P.O Box 340308
Hartford, CT 06134

Re: POC for Violations letter dated March 13, 2023, for Survey Visit Ending January 11, 2023.

Dear Ms. Gworek:

Attached is the Plan of Correction (POC) for the survey visit conducted on January 11, 2023. The submission of this POC does not constitute an admission or denial of the statements of violations set forth in the Department of Public Health (DPH) letter relating to the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut. The facility submits this plan of correction only because state law requires it.

Please do not hesitate to contact me at (203) 907-4052 or robert.page@hannahgrayhome.org if you have further questions.

Sincerely,

Robert Page, LCSW, BCD
Person in Charge