STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

March 17, 2023

Joseph Santavenere, Person-in-Charge
Highvue Manor
2730 State Street
Hamden, CT 06514

Dear Mr. Santavenere:

An unannounced visit was made to Highvue Manor on March 9, 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 31, 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.

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 31, 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 the Supervising Nurse Consultant and direct your questions concerning the instructions contained in this letter to the Supervising Nurse Consultant at (860) 509-7472.

Respectfully,

Karen Gworek, RN, BSN
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 (c) Administration (5).

1. Based on facility documentation review and staff interviews, for nineteen of forty-two sampled residents (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18 and #19) who were reviewed for medication administration, the facility failed to document on the Medication Administration Record when medications were administered. The finding include:
   a. Review of the Medication Administration Records (MAR) for Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18 and #19 identified medications scheduled for 8:00 PM on March 3, 2022, were not signed off as being administered in the MAR. Interview with the Administrator at the time of observations identified he did not have an explanation as to why the medications were not signed off, however the Administrator indicated the medications were administered as ordered because there were no extra medications for those residents left for 3/3/23. Review of the Medication Administration policy failed to identify staff should sign the MAR after administering medications to a resident.

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).

2. 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 3/9/23 at 9:00 A.M. during a tour of the facility and while accompanied by the Administrator, the following observations were identified:
   a. The surveyor while accompanied by the facility Administrator, observed that the boiler room door did not close, and latch as required by sections 5.2 through 5.5 of the 2010 Edition of NFPA 80.
   b. Documentation was not provided to the surveyor from the facility Administrator 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 five (5) year test of the Fire Department Connection piping was done. Records indicate the last test was done in 2016.
   c. Documentation was not provided to the surveyor from the facility Administrator 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 five (5) year obstruction test was done on the internal piping of the sprinkler system. Records indicate the last test was done in 2016.
   d. Documentation was not provided to the surveyor from the facility Administrator 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 fifty (50) year test was done on the heads of the sprinkler system. Heads were dated 1958 (65 years old).

e. Documentation was not provided to the surveyor from the facility Administrator to indicate that the sprinkler system was being tested, inspected, and maintained in accordance with NFPA 25; i.e., Sprinkler heads in the food storage area were painted.
f. The surveyor while accompanied by the facility Administrator, observed penetrations throughout the basement laundry area not complying with NFPA 1 section 12.3.3.1
g. The surveyor while accompanied by the facility Administrator, observed combustibles being stored within three (3) feet of electrical panels in the food storage room.
h. The surveyor while accompanied by the facility Administrator, observed excessive combustibles stored in Room 13 and furniture impeded an egress not meeting the requirements of The Connecticut Fire Code for maintaining the path of egress.
i. Documentation was not provided to the surveyor from the facility Administrator to indicate that the fire alarm sensitivity testing was being done every two (2) years as required by NFPA 101 9.6.1.4 and 9.6.1.5.

Highvue Manor, Inc.

2730 State Street
P.O. Box 4355
Hamden, Connecticut 06514

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Approved 3/30/23 KEG

Joseph Santavenere, Person-in-Charge
Highvue Manor

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

1. Based on facility documentation review and staff interviews, for nineteen of forty-two sampled residents (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, 412, #13, #14, #15, #16, #17, #18 and #19) who were reviewed for medication administration, the facility failed to document on the Medication Administration Record when medications were administered. The finding include:

a. Review of the Medication Administration Records (MAR) for Residents #1, #2, #3, #4, #5, 46, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18 and #19 identified medications scheduled for 8:00 PM on March 3, 2022, were not signed off as being administered in the MAR. Interview with the Administrator at the time of observations identified he did not have an explanation as to why the medications were not signed off, however the Administrator indicated the medications were administered as ordered because there were no extra medications for those residents left for 3/3/23. Review of the Medication Administration policy failed to identify staff should sign the MAR after administering medications to a resident.

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).

Plan of Correction:

1 Spoke with staff person who did not sign off on medications of March 3, 2022 at 8PM.
2 Spoke with entire staff re: sign off medications when they are dispensed. Corrected 3/16/2023
3 Medication Administration policy now addresses that staff should sign off in the MAR after administering. Date corrected – 3/22/2023
4 Will monitor closely to be sure that policy is adhered to.

2. 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 3/9/23 at 9:00 A.M. during a tour of the facility and while accompanied by the Administrator, the following observations were identified:

a. The surveyor while accompanied by the facility Administrator, observed that the boiler room door did not close, and latch as required by sections 5.2 through 5.5 of the 2010 Edition of NFPA 80.

Plan of Correction:

Contract with New Haven Fire Door to install new door with positive latching. Correction Date 4/30/2023

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b. Documentation was not provided to the surveyor from the facility Administrator 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 five (5) year test of the Fire Department Connection piping was done. Records indicate the last test was done in 2016.

Plan of Correction:

Contract with Fire Protection to perform 5 year test of Fire Department Connection piping inspections. Completion date – 04/15/2023

c. Documentation was not provided to the surveyor from the facility Administrator 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 five (5) year obstruction test was done on the internal piping of the sprinkler system. Records indicate the last test was done in 2016.

Plan of Correction:

Contract with Fire Protection for 5 year obstruction test. Completion date – 04/15/2023

d. Documentation was not provided to the surveyor from the facility Administrator 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 fifty (50) year test was done on the heads of the sprinkler system. Heads were dated 1958 (65 years old).

Plan of Correction:

Contract with Fire Protection to replace 3 sprinkler heads over 50 years old. Completion date – 04/15/2023

e. Documentation was not provided to the surveyor from the facility Administrator to indicate that the sprinkler system was being tested, inspected, and maintained in accordance with NFPA 25; i.e., Sprinkler heads in the food storage area were painted.

Plan of Correction:

Contract with Fire Protection to replace 3 sprinkler heads. Completion date - 04/15/2023

f. The surveyor while accompanied by the facility Administrator, observed penetrations throughout the basement laundry area not complying with NFPA 1 section 12.3.3.1

Plan of Correction:

Penetration to be plugged. Completion date – 04/15/2023

g. The surveyor while accompanied by the facility Administrator, observed combustibles being stored within three (3) feet of electrical panels in the food storage room.

Plan of Correction:

Food storage cart removed from below electric panel. Completion – 03/10/2023

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h. The surveyor while accompanied by the facility Administrator, observed excessive combustibles stored in Room 13 and furniture impeded an egress not meeting the requirements of The Connecticut Fire Code for maintaining the path of egress.

Plan of Correction:

Combustibles removed from Room #13. Chair removed to allow clear path. Completion – 3/20/2023

i. Documentation was not provided to the surveyor from the facility Administrator to indicate that the fire alarm sensitivity testing was being done every two (2) years as required by NFPA 101 9.6.1.4 and 9.6.1.5.

Plan of Correction:

Contract with Fire Protection team to perform fire alarm sensitivity testing.
Completion date - 04/15/2023

Administrator Joseph Santavenere will be responsible to ensure that all Fire Alarm Testing is completed per State of Connecticut Fire Safety Code and National Fire Protection Association.