STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

November 16, 2022

Michele Roberts, Person-in-Charge
University Place
5 University Place
New Haven, CT 06511

Dear Ms Roberts:

Unannounced visits were made to University Place on October 11, and November 3, 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 30, 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
Affirmative Action/Equal Opportunity Employer

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 30, 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 (c) Administration (4).

1. 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 Administrator on 10/11/22 at 11:00 AM identified employee annual performance evaluations have not been conducted annually since 2020. The Administrator indicated she was planning on completing all the employee evaluations next week.

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 and weekly menus for the residents to view. The findings include:

    a. Observations during a tour of the facility with the Administrator on 10/11/22 identified the weekly menu was posted in the kitchen area which not accessible to the residents. The Administrator indicated the facility was in the process of revising the menus to reflect a two (2) week rotation and was planning on posting the revised menus in the resident dining room.

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

3. Based on interview and review of facility documentation, the facility failed to develop a set of "House Rules". The findings include:

    a. Interview with the Administrator on 10/11/22 at 11:00 AM identified currently the facility did not have any "House Rules" posted. The Administrator indicated she was in the process of developing "House Rules" for the residents.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (h) General conditions (6).

4. Based on observations and interview, the facility failed to provide housekeeping and maintenance repairs to ensure the environment was clean, comfortable, and homelike. The findings include:

a. During a tour of the facility on 10/11/22 the following observations were noted. Room 3 the top of a dresser was chipped and marred. Room 2 there was a hole in the wall behind the door. Room 1 both radiators were noted to be rusty. Room 8 the dresser drawers were falling out of the cabinet. In the second floor bathroom the base of the cabinet was chipped exposing particle board. The dining room had chipped paint and marred walls and doors, the floors were noted with a buildup of dirt and grime. The kitchen floor was missing floor tiles at the base of the dishwasher, and between the dining room and the kitchen. The edge of the countertop above the dishwasher was noted to be delaminated, the fan in the kitchen had a buildup of dust. All bathrooms and showers were noted to be dirty with a build up dirt and grime.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (m) Administration of Mediations (2)(F)(ii).

5. Based on observations and interview, the facility failed to ensure refrigerated medications were secured under lock. The findings include:

   a. Observations during the tour of the facility noted a small refrigerator located on a bottom shelf in the kitchen, inside the refrigerator were multiple resident insulin pens. Attached to the refrigerator was a key lock which was noted to be unlocked providing access to the medications. The administrator indicated the VNA has the key to the refrigerator and the nurse today must have forgotten to lock the refrigerator after administering medications that morning.

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).

6. 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:

   a. On 11/03/22 at 9:00 A.M., during a tour of the facility and while accompanied by the facility owner, the following observations were identified:

      i. Documentation was not provided to the surveyor from the facility owner to indicate that the sprinkler system was being tested, inspected, and maintained in accordance with NFPA 25; i.e., There were no records that sprinkler inspections were completed in the fourth quarter of 2021, or the second quarter of 2022.
      ii. Documentation was not provided to the surveyor from the facility owner to indicate that the fire drills were being completed as required by NFPA 1 Section 20.5.2.3. i.e., records indicated that one fire drill was completed during the third shift while

residents are sleeping in the last twelve (12) months. A minimum of two (2) drills in this time frame a required.

University Place Residential Care, LLC

5 University Place
New Haven, CT 06511
phone: (203) 404-5061 fax: (866) 571-5811

Approved
12/27/22
KEG

December 27, 2022

Karen Gworek
Supervising Nurse Consultant
Facility Licensing and Investigation Section
Sate Department of Public Health
PO Box 340308
Hartford, CT 06134-0308

Ms. Gworek:

Preparation and/or execution of this plan of correction does not constitute admission or agreement by University Place of truth of the alleged statement of deficiencies. This plan of correction is being prepared as required by the State and Federal Law and our continued effort to provide quality care to the residents we serve.

1. Prior to visit on October 11, 2022, annual reviews for were in process and completed on 10-12-22. Plan of correction: annual reviews will be completed by October 10th of each year.

2. Prior to visit on October 11, 2022, new menus were pending at Tyco Printers in New Haven. Menus were updated to a 8 week rotation schedule and printed in doubles. One copy posted in kitchen for staff and the other posted for the residents on their dining room bulletin board. (See Monitoring Sheet)

3. House rules were completed and signed by all residents on 10-18-22. hard copies were posted on public information board and all resident bedrooms. New admissions will also review and sign.

4. Maintenance repair log book is kept on kitchen cabinet and all staff in-serviced on use of log. Private contractor will be coming in every 60 days to review log and schedule dates to make necessary repairs. Urgent repairs will be expedited, as quickly as, funds will permit. Housekeeping tasks are done on all 3 shifts. A digital check list with on-line charting was implemented and effective as of 12-1-22. Weekly visual inspections are performed by the administrative assistant to ensure environment is clean, comfortable and homelike. (See Monitoring Sheet)

   The dresser for Rm. 3 was ordered on 9-28-22 and placed on back order from Pottery Barn. Since the inspection visit, the order was cancelled and new dressers were purchased from another vendor for rooms #3 and #8 On October 20, 2022.

   The hole in the wall in Rm #2 was repaired by contractor on 11-16-22.

   The dining room walls were repaired and painted by contractor on 11-16-2022.

   Flooring replacement for the 1st. floor and the entire kitchen renovation is expected to be completed by contractor in May 2023. All bathrooms and shower room were thoroughly cleaned and visual inspections will be done to ensure cleanliness. The radiator in Rm #1 will be replaced with baseboard heating at the end of the heating season.

5. The small refrigerator located in the kitchen is used for medications. A combination lock has been installed to prevent the VNA nurse from ever leaving it open.

6. The annual documentation was emailed to surveyor for Fire and Building Safety. Plan of correction will be: facility information will be filed in office binder and will be kept current and accessible at all times.

Sincerely,

Michele Roberts
Administrator