2019

501d

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING AND INVESTIGATIONS SECTION

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity	*FLIS Staff*	
Groton Regency RCH	*Kibby Phillips*	**Generalist/Surveyor HPA**
1145 Poquonnock Rd.		
Groton, CT 06340		
M:		

Licensure Category:

Residential Care Home

Licensed Bed Capacity: **81** Census: **75**

Date(s) of onsite inspection: **3/12/19**

Date(s) additional information obtained: **3/13/19**

Personnel contacted: **Diane Thomas, Administrator**

,

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[ ] Licensing Inspection [ ] *Initial* [ ] *Renewal* [X] *Other (e.g.strikes)*: _____

[ ] Visit **OR** Revisit for the purpose of _____

[X] See Complaint Investigation # _ **CT: 24567**

[X] Violations of the General Statutes of Connecticut and/or regulations of Connecticut State Agencies were identified at the time of this inspection. See attached violation letter dated 3/27/19

[ ] Desk Audit _____ [ ] Amended Letter: _____Original Ltr._____

[ ] Citation # _____ was issued to this facility as a result of this inspection.

[ ] Violations of the General Statutes of Connecticut and/or the regulations of Connecticut State Agencies **were not** identified at the time of this inspection.

[ ] Citation # _____was/was not verified as corrected. See attached narrative report.

[ ] Narrative report/additional information attached.

[ ] See Certification File.

[ ] Referral(s) to _____

REPORT SUBMITTED BY: *Kibby Phillips* **DATE OF REPORT:** **3/13/19**

[ ] Approval for issuance of license granted by: _____ **DATE:** _____
Supervisor/Title

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality And Safety Branch

March 27, 2019

Roxanne Fretard, Person-in-Charge
Groton Regency Center
1145 Poquonnock Road
Groton, CT 06340

Dear Ms. Fretard:

An unannounced visit was made to Groton Regency Center on March 12, 2019 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation with additional information received through March 13, 2019.

Attached is the violation of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which was noted during the course of the visit.

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 ten 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 April 10, 2019.

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.

DATE OF VISIT: March 12, 2019

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

You may wish to dispute the violation and you may be provided with the opportunity to be heard. If the violation is not responded to by April 10, 2019 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

Karen Gworek, RN

Karen Gworek, R.N.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

KEG:lst

c. Mairead Painter, Ombudsman Program

Complaint #24567

DATE OF VISIT: March 12, 2019

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (4) and/or Connecticut General Statutes 19a-550 (b)(8).

1. Based on review of the facility documentation and interviews for one sampled resident (Resident #3) who was reviewed for an allegation of abuse, the facility failed to ensure the resident was were free verbal abuse. The findings include:
   a. Resident #3's diagnoses included memory loss, anxiety and depression. The Reportable Event Form dated 11/30/18 identified a witnessed allegation of verbal abuse that involved Resident #3 on 11/25/18. The investigation identified both staff and residents had witnessed the incident. The investigation identified an alleged verbal abuse was brought to the Residential Care Home Manager on 11/25/18 at approximately 3:15 PM. The investigation identified a Staff Attendant swore at Resident #3 and the Staff Person was suspended pending the investigation. After a thorough investigation, abuse was substantiated, the Staff Attendant was terminated and staff education was provided regarding abuse, neglect and customer service. Interview with Administrator #2 on 3/12/19 at 11:45 AM identified that Resident #3 expressed concern Staff Person #3 called him/her inappropriate names during the 6:00 PM medication pass on 11/25/18. The Administrator indicated that Staff Person #3 was terminated when the abuse was substantiated. Interview with Staff Person #3 on 3/13/19 at 9:00 AM identified inappropriate words were exchanged between both of them because Resident #3 cut in line during the medication pass and did not want to wait his/her turn. The Abuse Prohibition policy the facility prohibits abuse, mistreatment, neglect and misappropriation of resident property.

Groton RCH

Approved 4/22/19 KEO

The following is a Plan of Correction for the violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (4) and/or Connecticut General Statutes 19a-550 (b)(8).

The facility failed to ensure the resident was free from verbal abuse:

1. RCH staff members have been re-educated on the facility abuse policy and repeated education has been done.

2. The corrective measure is effective 4/5/2019

3. Random audits of staff interaction with residents during administration of medications will be done weekly x4 and monthly x3 with remedial measures initiated as needed.

4. The RCH Program Person in Charge or Designee will be responsible for ensuring the institution's compliance with its plan of correction.