2021

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
Teresa Rest home
M 57 Main St
East Haven CT 06512

Signature of FLIS Staff
[signature]

Licensure Category: RCH

Licensed Bed/Bassinet Capacity: 22

Census: 20

Date(s) of onsite inspection: 10-15-21

Date(s) additional information obtained: _____

Personnel contacted: Doreen Esposito

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

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

[X] See Complaint Investigation # CT 30978

[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 11/26/21

[ ] 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 _____

[ ] CMP fund verification

[ ] CRF grant verification

[ ] visitation compliance

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

REPORT SUBMITTED BY: N Hazard **DATE OF REPORT:** 10/15/21

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

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

November 26, 2021

Josephine Santino, Person-in-Charge
Teresa Rest Home Inc
57 Main Street
East Haven, CT 06512

Dear Ms. Santino:

An unannounced visit was made to Teresa Rest Home Inc on October 15, 2021 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation.

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. 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 10, 2021.

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 violation and you may be provided with the opportunity to be heard. If the violation is not responded to by December 10, 2021 or if a request for a meeting is not made by the stipulated date, the violation 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:mb

c. Mairead Painter, LTC Ombudsman Program

Complaint #30978

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

1. Based on observations, interviews, and review of facility documentation, the facility failed to reconcile and store medication in a secure manner and failed to report discrepancies in the medication reconciliation to the appropriate state agency. The findings include:
   a. Observations during a tour of the facility on 10/15/21 at 9:45 AM identified a locked medication cabinet in the kitchen with another locked safe inside containing controlled narcotic medications and a locked file cabinet in the office containing the overflow of controlled medications. Interview with Pharmacist #1 on 10/15/22 at 10:09 AM identified on 6/23/21 the medication was delivered and signed for with the quantity of 180 tablets that were dispensed and weeks after the delivery the facility reported only two (2) cards of sixty (60) tablets each, totaling 120 pills were delivered and the additional sixty (60) tablets were requested however he informed the facility there was no discrepancy at the time of delivery and there should still be a card of sixty (60) tablets on hand. Pharmacist #1 identified no issues with the delivery drivers were noted and the facility has no previous discrepancies with narcotics since they started servicing the facility. Interview with Staff Attendant #1 on 10/15/21 at 10:26 AM identified she remembered only receiving two (2) blister packs of sixty (60) pills for Resident #1 and she did not realize the quantity on the pharmacy delivery slip was 180 tablets when she signed for it. Staff Attendant #1 identified when she receives narcotic medication in the evening and labels the correlating count sheets with numbers as to how many cards are received and then slides the medications under the office door without the benefit of a storing the medications in a secured cabinet. Interview with the House Manager on 10/15/21 at 10:00 AM identified the pharmacy delivery driver was an issue in the past with packages open and/or delivered after the date on the delivery slip and she reported her concerns to the pharmacy and has not seen the driver since her concerns were reported. The House Manager indicated when she noticed the discrepancy in the blister packs of Oxycodone for Resident #1 it was weeks after the initial delivery, and she reported the issue to Department of Developmental Services but not to the state agency or local drug enforcement. The House Manager identified when narcotics are delivered herself and her staff would label each sign off sheet in consecutive order that correlates with each blister pack delivered and staff would place the medications under the door to her office to be locked in the filing cabinet for overflow medications for when she arrived the following day as only herself and the owner had keys to the cabinet. The House Manager indicated the narcotics locked in her office were without the benefit of a controlled drug count between each shift with two (2) staff members to confirm accuracy of medication on hand.

Plan of Correction to Violation #1:

Teresa Rest Home

57 Main Street

East Haven, CT 06512

Approved 12/27/24 KEQ

State of Connecticut

Department of Public Health

410 Capitol Ave

Hartford, CT 06134

Complain number 30978

In accordance with statute section 19a-496. The measures taken for correction included an immediate call to the pharmacy for their sign sheets, and narcotic count. We then instituted that the evening staff attendant that is on the shift at that time is to sign, count the medications and put the bag which includes the medication and sign sheet into the lock box.

In the morning, the nurse takes the medications out of the lock box. Counts the sheets and medications and locks them in in the office.

The medications in the office are counted every morning to be sure what was in the box the prior day remains in the box.

If the medications come in during the day hours, the medications are received by the nurse on duty and locked in the office.

The second plan of correction has to do with reporting. An incident report was put in to the department of public health. Now, not only will the report be sent to the department of public health but to the supervising nurse consultant and the local drug department.

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Teresa Rest home
M 57 Main St
E Haven CT 06512

Signature of FLIS Staff

Heather Nazario

Licensure Category: _____ Licensed Bed/Bassinet Capacity: ___ Census: _____

Date(s) of onsite inspection: 9/29/21

Date(s) additional information obtained: _____

Personnel contacted: Doreen Esposito

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

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

[X] See Complaint Investigation # 27055, 26898

[ ] 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 _____

[ ] 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.

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[ ] CMP fund verification

[ ] CRF grant verification

[ ] visitation compliance

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

REPORT SUBMITTED BY: Heather Nazario **DATE OF REPORT:** 9/29/21

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

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

October 15, 2021

Doreen Esposito, Person-in-Charge
Teresa Rest Home Inc
57 Main Street
East Haven, CT 06512

Dear Ms Esposito:

An unannounced visit was made to Teresa Rest Home Inc on September 29, 2021 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a licensure inspection, an investigation.

There were no violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut noted during the course of the visit.

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

Complaint #27655, #26898

cc: Mairead Painter, LTC Ombudsman Program