2018

3102

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity	*Signature of FLIS Staff*	
Fernwood Rest Home, Inc.	**Kibby M. Phillips, Surveyor**	**Generalist**
400 Torrington Rd.		
Litchfield, CT 06759		
M:		

Licensure Category:
Residential Care Home

Licensed Bed **68** Census: **63**
Bassinet Capacity: _____

Date(s) of onsite inspection: ~~03/26/2018~~ KEG 3/27/18

Date(s) additional information obtained: _____

Personnel contacted: ____ **Karen Cosgrove, Owner** _____

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

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

[ ] See Complaint Investigation # _____

[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 4/5/18

[ ] 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 _____ Kibby M. Phillips

REPORT SUBMITTED BY: Kibby M. Phillips **DATE OF REPORT:** 03/28/18

[✓] Approval for issuance of license granted by: Karen Moore KRN SNC **DATE:** 4/5/18
Supervisor/Title

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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

Dannel P. Malloy
Governor

Nancy Wyman
Lt. Governor

Healthcare Quality And Safety Branch

April 5, 2018

Karyn Adkins Cosgrove, Licensee
Fernwood Rest Home, Inc.400 Torrington Road
P.O. Box 548
Litchfield, CT 06759

Dear Ms Cosgrove:

An unannounced visit was made to Fernwood Rest Home, Inc. on March 27, 2018 by a representative 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.

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 April 19, 2018 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

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 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

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

DATE OF VISIT: March 27, 2018

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

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. Nancy Shaffer

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (b)

DATE OF VISIT: March 27, 2018

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

Physical plant (S) and/or (c) Administration (5).

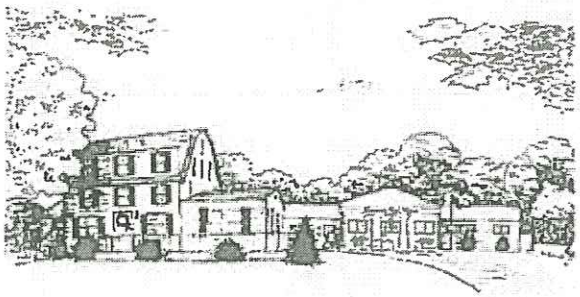
1. Based on observations and interviews, the facility failed to maintain and/or repair the environment to ensure a clean, comfortable and home-like environment. The findings include:
   a. During a tour of the facility on 3/27/18, the following observations were identified: In the hall bathrooms A, C and F there were no protective caps on the anchor screws at the base of the toilet. In the hall bathroom A, the ceiling tiles were stained. In the laundry room, the hall bathroom C and the tub room across from Bathroom E, there was an accumulation of dirt and dust in the ceiling vents. Interview with the Licensee and the Maintenance Director identified that although the vents are cleaned on a weekly basis, the facility did not have a cleaning schedule to reflect documentation when the vents were cleaned. The Maintenance Director identified that the repairs and cleaning would be addressed.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (4)(A)(B).

2. Based on review of personnel files, the facility failed to ensure an initial orientation was conducted with the new hires and/or annual performance evaluations were completed. The findings include:
   a. Review of the personnel file for Staff Person #1 failed to reflect documentation that an employment application was completed, Staff Person #2's file failed to reflect documentation the mandatory in-service topics were completed, and Staff Person #3's file failed to reflect documentation an initial orientation was completed upon hire.
   b. Review of the personnel files for Staff Persons #4, #5 and #6 failed to reflect documentation that an annual performance evaluation was completed in 2017. Interview with the Licensee identified that the personnel files failed to reflect that annual evaluations were completed in 2017 for Staff Persons #4, #5, and #6 and the new hire process was completed.

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

3. Based on review of facility documentation and interviews, the facility failed to ensure that the fire drills conducted on the third shift were conducted with audio alarm sounds according to the State of Connecticut regulations. The findings include:
   a. Review of facility records identified that third shift fire drills from January 2017 through 3/27/18 were conducted in silent mode. Interview with the Maintenance Director stated that the third shifts fire drills were conducted in silent mode. The Maintenance Director identified that the last information he had received years ago was the fire drills could be conducted in the silent mode and was unaware there was a change in the procedure.



Approved 4/18/18 KEG

Fernwood Rest Home, Inc.
400 Torrington Road
Litchfield, CT. 06759
(860) 567-9558 Fax: (860) 567-9593

April 16, 2018

Karen Gworek, BSN, RN
Supervising Nurse Consultant
Facility Licensing and Investigation Section
Department of Public Health
410 Capital Avenue MS # 12HSR
Hartford, CT, 06134

Dear Ms. Gworek:

This letter is in response to the violations which resulted from an unannounced visit conducted on March 27, 2018 which was for the purpose of conducting a licensure inspection.

1a) The anchor screws in bathrooms A, C, and F were replaced as of March 30, 2018 by maintenance. The Maintenance Supervisor has added this to his list of things to notice during weekly environmental rounds and will see to their replacement as needed.
1b) The stained ceiling tile in bathroom A was replaced as of March 30, 2018 by maintenance. The Maintenance Supervisor has added this to his list of things to notice during weekly environmental rounds, and will see to their replacement as needed.
1c) The ceiling vents in the laundry room, bathroom C and the tub room across from bathroom E were cleaned as of March 30, 2018 by maintenance. The Maintenance Supervisor has added this to his list of things to notice during weekly environmental rounds, and will see to their cleaning as needed.

2a) Staff Person #1 filled out another application as of March 30, 2018. Staff #3's orientation check list was found and returned to her folder as of March 28, 2018. Staff #2 completed her orientation and her orientation check list was added to her file as of March 30, 2018. A staff, file-essentials check list has been created to prevent further occurrences. The Person-In-Charge/Administrator will monitor for compliance.

2b) Annual staff evaluations are due in June 2018. All staff members including Staff Persons #4, #5, and # 6 will receive their evaluations at that time. Completed yearly evaluations is one of the items on the staff, file-essentials check list that has been created to prevent further occurrences. The Person-In-Charge/Administrator will monitor for compliance.

3) Third shift fire drills will no longer be conducted in silent mode as of March 27, 2018. The Person-In-Charge/Administrator will monitor for compliance.

Respectfully,

Karyn Cosgrove

Karyn A. Cosgrove, Pres.

"copy"

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

"copy"

LICENSING INSPECTION REPORT

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[ ] Referral(s) to _____

Kibby M. Phillips

REPORT SUBMITTED BY: Kibby M. Phillips **DATE OF REPORT:** **03/28/18**

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