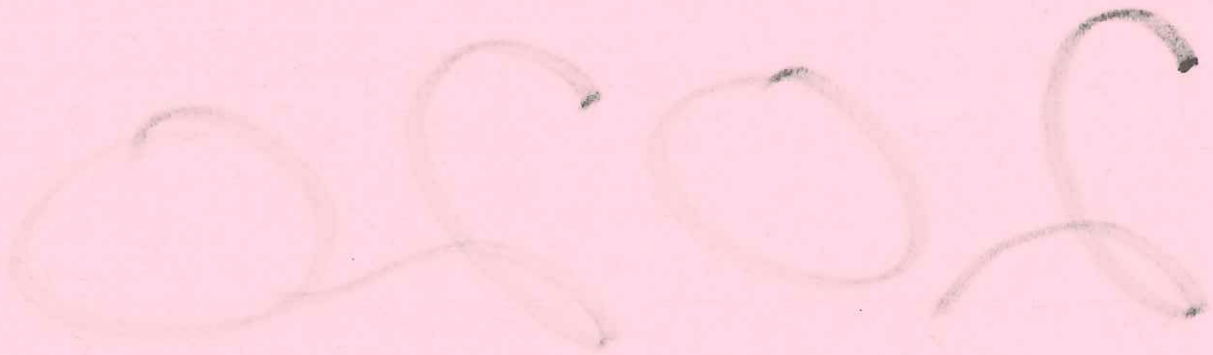
2020



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*
Fernwood RCH		MJMacMackin
400 Torrington Rd		
Litchfield, CT 06759		
M:		

Licensure Category:

	Licensed Bed Bassinet Capacity:	Census:
RCH	65	53

Date(s) of onsite inspection: ~~7-2-2020~~ error KEG 6/29/20

Date(s) additional information obtained: _____

Personnel contacted: Melissa Wooden, Administrator

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

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

[✓] See Complaint Investigation # 27802, 27819

[✓] 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 7/15/20

[ ] 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: MJMacMackin **DATE OF REPORT:** 7-2-2020

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

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

July 15, 2020

Melissa Woodin, Person-in-Charge
Fernwood Rest Home Inc
Torrington Road, Po Box 548
Litchfield, CT 06759

Dear Ms Woodin:

An unannounced visit was made to Fernwood Rest Home Inc on June 29, 2020 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting multiple investigations.

Attached is the violation of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which was noted during 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 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 July 29, 2020.

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.

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

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 July 29, 2020 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 via email at dph.flisadmin@ct.gov or right fax number 860-622-2655. Please direct your questions concerning the instructions contained in this letter to the Supervising Nurse Consultant at (860) 509-7400. Please do not send another copy via US mail.

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

Respectfully,

Karen Gworek, RN

Karen Gworek, RN
Supervising Nurse Consultant
Facility Licensing and Investigations Section

KEG:mb

c. Mairead Painter, LTC Ombudsman

Complaint #27807, #27819

PLAN OF CORRECTION
FERNWOOD REST HOME, INC.

Approved 8/26/20 KEG

Please accept this plan of correction for the violation of the regulations of Connecticut State Agencies and/or General Statues of Connecticut which was noted during your June 29, 2020 unannounced visit to Fernwood Rest Home, Inc.

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 and/or © Administration (1) and/or (j) Attendants required.

1. **Based on facility documentation review and interviews, the facility failed to ensure the required number of staff one (1) for every twenty-five (25) residents were on duty or in residence as outlined in the Public Health Code. The findings include:**
   A. **Interview and facility documentation review with the Administrator on 6/29/20 at 9:30 AM identified the Public Health Code required one (1) staff for twenty-five (25) residents to be on duty from 7:00 AM to 10:00 PM. Review of the schedule identified on 6/1, 6/3, 6/4, 6/5, 6/6, 6/7, 6/12, and 6/27 the resident census was more than fifty (50) in the facility and there were two (2) staff attendants working between the hours of 7PM and 10PM. Upon further review of the staff schedule identified although an owner was on the premises and available to be called into work on the dates listed, the owner was not considered on the schedule and was not working on 6/1,6/3,6/4,6/5,6/6,6/7,6/12, and 6/27 between 7pm and 10pm. The Administrator stated there should have been three (3) staff attendants working on the dates listed above so that staffing meets the Public Health Code staffing requirements.**

Fernwood Rest Home's plan of correction for the above violation is as follows:

(1) Measures that facility intends to implement so that facility prevents a recurrence of above identified noncompliance is that there will be no less than one (1) staff attendant per every 25 Residents scheduled each day. Resident census log will be checked daily to ensure adequate staffing is in place and that facility is compliant with all public health code and state regulations.
(2) This corrective measure goes into effect immediately as of 8/01/2020
(3) The facility plans to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained by the daily census log being completed at 12 AM each day by Med Tech and then it is to be reviewed by Business Office Manager to confirm Resident census listed is correct. After census sheet is completed Med tech will than check employee schedule for following day to confirm adequate staffing is in place. If schedule does not meet appropriate staffing levels, Med Tech and Administrator will seek additional staffing coverage. Daily census sheet and daily employee schedule will be placed in binders to confirm/show adequate staffing has been provided.
(4) The Administrator/Person in Charge is responsible for ensuring the facilities compliance with this plan of correction.

Respectfully,

[redacted]
Person In Charge

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Fernwood Rest Home
400 Torrington Rd.
P.O. Box 548
M: Litchfield, CT 06759

FLIS Staff

Anita Vedder

Licensure Category: RCH

Licensed Bed Bassinet Capacity: 68

Census: 56

Date(s) of onsite inspection: 3/12/20

Date(s) additional information obtained:

Personnel contacted: Brad Adkins - owner

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[ ] Licensing Inspection [ ] *Initial* [ ] *Renewal* [✓] *Other (e.g.strikes):* monitoring visit

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

[ ] See Complaint Investigation #

[ ] 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.

[ ] See Certification File.

[ ] Referral(s) to

REPORT SUBMITTED BY: Anita Vedder **DATE OF REPORT:** 3/13/20

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

LICENSING INSPECTION REPORT

LICENSING INSPECTION NARRATIVE REPORT:

ENTITY:

Fernwood
DATE (S) OF VISIT: 3/12/20

LICENSING INSPECTION IN NARRATIVR REPORT

An unannounced visit was made to the facility on 3/12/20 for the purpose of conducting a monitoring visit. A tour of the facility was conducted, as well as a review of facility documentation, interviews with residents and observations. Staffing was reviewed for the period of 3/2/20 through 3/12/20 and found to meet the requirements of the Public Health Code. Findings were not identified during this visit.

Signature: Aneta Predka RN NC