2016

2016

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 Survey Staff*	
White Oak Manor LLC	**Kibby M. Phillips**	**Generalist/Surveyor**
688 Main St.		
Southbury, CT 06488		

Licensure Category:	Licensed Bed/Bassinet Capacity:		Census:
__ RCH_____	_____	**___16_____**	**_10___**
_____	_____		_____

Date(s) of onsite inspection: _____8/8/16 & Fire Safety Inspection _____

Date(s) additional information obtained: _____

Personnel contacted: _____Collette Johnson RNC, Staff Assistant in Charge_____

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

[ ] 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 9/8/16

[ ] Desk Audit _____ [ ] Amended Letter date: _____

[ ] 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.

[ ] Referred to: Kibby M Phillips.

REPORT SUBMITTED BY: _Kibby M. Phillips_____ DATE OF REPORT: ____8/12/16_____

[✓] Approval for issuance of license granted by: Karen Gwarek RN BSN C **DATE:** 9/8/16
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

September 9, 2016

Brian J. Cleary, Person-in-Charge
White Oak Manor
688 Main Street
Southbury, CT 06488

Dear Mr. Cleary:

An unannounced visit was made to White Oak Manor on August 8, 2016 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 September 23, 2016 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

Please address each violation with a prospective plan of correction which includes the following components within fourteen days of the date of this letter:

1. Measures to prevent the recurrence of the identified violation, (e.g., policy/procedure, inservice program, repairs, etc.);

2. Date corrective measure will be effected;

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. Identify the staff member, by title, who has been designated the responsibility for monitoring the individual plan of correction submitted for each violation.

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

Respectfully,

Karen Gworek RN SNC

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

KEG:jf

c. Nancy Shaffer

Keeping Connecticut Healthy
DPH
Connecticut Department of Public Health

Phone: (860) 509-7400 • Fax: (860) 509-7543
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph
Affirmative Action/Equal Opportunity Employer

DATE(S) OF VISIT: August 8, 2016

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

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (b) Physical plant (S) and/or (c) Administration (1) and/or (c) Administration (5).

1. Based on observations and interviews, the facility failed to maintain the environment to ensure the health, comfort, cleanliness and safety of the residents at all times. The findings include:
   a. On 8/8/16 in the kitchen, there was an accumulation of brown grease stains on the stove and a large crack in the floor near the stove.
   b. In Room 1 there was a strong odor of cigarette smoke and urine throughout the room. In the shower/bathroom, next to Room 1 the lighting was very dim, there was an accumulation of mold and mildew in the wall cracks, six (6) ceiling tiles throughout the bathroom had dried water stains, there was a small piece of balled up cardboard used to hold up the drain plug in the vanity sink, the wall paper border was peeled off at the bottom of the wall and there was no ceiling vent in the bathroom. Room 3 there was a broken drawer to the dresser table, two (2) lamps were not working, and there was no lighting in the room. In the bathroom there was mold, mildew and rust embedded in the floor base of the tub, there was a large crack in ceiling tile, there were dried water stains in the ceiling tiles above the toilet, there was an accumulation of dust on the ceiling vent and fixture, and there were cracked floor tile behind the toilet. In the resident living room, next to Room 3, there were no bulbs in the lamps and the lighting in the room was very dim. The lighting was very dim throughout the facility. Room 2 the light outlet was loose from the wall, there were stains embedded in the carpet and there was not enough carpet to fit the resident's entire room. In the hallway near the stairwell to second floor there was a strong urine odor. Rooms 4 and 5, in the shared bathroom, there was an accumulation of dust on the ceiling vent and on the wall call light, and the wall call light was not working. In the hall bathroom the lighting was very dim, the light wall outlet cover was patched up with black duct tape and the garbage bin was filled up to the top with trash. Next to Room 8 the wall rail was loose.
   c. In the basement, in the laundry room, there was mold, mildew and rust embedded in the concreted floor throughout the room and there was rust embedded on the washer and dryer appliances. There were observations of water stains throughout the room and the concrete floor was unlevelled. Interview with the Staff Assistant-in-Charge identified the problems.

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (b) Physical plant (S) and/or (c) Administration (1) and/or (c) Administration (5).

2. Based on observations and interview, the facility failed to maintain the environment to ensure the health, comfort, cleanliness and safety of the residents at all times. The findings include:
   a. On 8/8/16, during the facility tour, there were observations that the residents' call light system had visual but there was no audio at the main switch panel located in the kitchen. Observations identified that staff could not hear the audio when a resident pushed the call lights for assistance from each resident room. Interview with the Staff Assistant-in-Charge

identified the problem.

The following are a violation of the Regulations of Connecticut General Statutes 19a-550 and/or Section 19-13-D6 (c) Administration (1) and/or (c) Administration (5)(f) Dietary (2).

3. Based on observations and interview, the facility failed to ensure that residents were notified of any meal changes to the menu prior to serving the meal for that current day. The findings include:
    a. On 8/8/16, during tour of the facility, there was observation of a typed posted menu that did not identify a change of meal to be served for lunch on 8/8/16. The residents were served barbecue ribs on grinder rolls, boiled potatoes, green beans and fresh fruit but were not informed of the change. Interview with the Kitchen Staff and Staff Assistant-in-Charge identified the problem.

The following are a violation of the Regulations of Connecticut General Statutes 19a-550 and/or Section 19-13-D6 (c) Administration (1) and/or (c) Administration (5).

4. Based on a review of resident records and interview, the facility failed to ensure that a copy of the resident rights had been provided to the residents. The findings include:
    a. On 8/8/16, record review of Resident #1 failed to reflect documentation that a copy of the resident rights had been provided upon admission. Interview with the Staff Assistant-in-Charge identified the problem.

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (4)(A)(B) and/or (c) Administration (5).

5. Based on review of personnel files, the facility failed to ensure that yearly performance evaluations were conducted. The findings include:
    a. On 8/8/16, review of the personnel files for all employees of the facility, Staff Persons #1, #2, #3, #4, #5, #6 and #7 failed to reflect documentation that a yearly performance evaluation was completed in the year of 2015. Interview with the Staff Assistant-in-Charge identified that the problem.

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (c) Administration (5) and/or (h) General Conditions (3) .

6. Based on review of facility records and interview, the facility failed to report any incidents and/or accidents within seventy-two hours to the state agency. The findings include:
    a. On 8/8/16, review of facility records and interview with the Staff Assistant-in-Charge identified that on 6/15/2016, there was an unusual occurrence, and a resident had expired unexpectedly in their room. Interview with the Staff Assistant-in-Charge identified the resident's family members were informed but the facility did not notify the State of Connecticut Department of Public Health within seventy-two hours of the incident, the

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

agency was notified on 8/17/16.

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (4)(A)(B) and/or (c) Administration (5).

7. Based on review of personnel files, the facility did not ensure that educational in-services on general safety to include fire safety, emergency procedures, resident rights and /or the policies and procedures were completed of the facility. The findings include:
    a. On 8/8/16 review of personnel files for Staff Persons #1, #2, #3, #4, #5, #6 and #7 failed to reflect documentation that all the mandatory educational in-services on general safety, fire safety, emergency procedures and resident rights were completed for the year of 2015. Upon further review, the records identified the only educational in-services done in 2015 were medications, resident transportation and pharmacy. Interview with the Staff Assistant-in-Charge identified the problem.

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (b) Physical plant (S) and/or (c) Administration (1) and/or (c) Administration (5).

8. Based on record review and interview, the facility did not ensure that two (2) fire drills were conducted throughout the four (4) quarters annually and that the fire extinguishers were maintained monthly according to the State of Connecticut Fire Safety Code requirements. The Findings include:
    a. On 8/8/16, review of the facility records failed to reflect documentation that two (2) fire drills were conducted on the third shift, 11PM-7AM. Interview with the Staff Assistant-in-Charge identified the problem.
    b. On 8/8/16, during the facility tour and review of facility records identified that the fire extinguishers were not checked monthly by the facility and the fire extinguishers were last checked on January 3, 2016. Interview with the Staff Assistant-in-Charge identified the problem.

WHITE OAK MANOR

688 Main Street North
Southbury, CT 06488
203-264-5491

Approved 9/19/16 KEG

THE FOLLOWING VIOLATIONS 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 (b) Physical plant (S) and/or (c) Administration (1) and/or (c) Administration (5).

#1 Based on observations and interviews, the facility failed to maintain the environment to ensure the health, comfort, cleanliness and safety of the residents at all times.

a) Repairs to the Kitchen floor and cleaning the stove have been completed.

b) Room deodorizer will be installed in the rooms and hallways. Lamps and lighting have been replaced or repaired .Ceiling tiles have been replaced , sink repaired, venting installed , painting updates, baseboard installation , drawers repaired/replaced , vent and fixtures replaced/ or repaired. The carpet has been cleaned, wall outlet repaired, trash removal on a daily schedule and hall railing repaired.

c. The basement laundry room has been renovated.

#2 This corrective action will be completed by October 21, 2016

#3 The Person in charge or their assistance will conduct monthly rounds to ensure the corrective measures or systemic changes are sustained.

4 The Person in Charge

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (b) Physical plant (S) and/or (c) Administration (1) and/or (c) Administration (5).

2 Based on observations and interview, the facility failed to maintain the environment to ensure the health, comfort, cleanliness and safety of the residents at all times.

a) The call light system has been repaired for audio.

#2 This corrective action will be completed by August 23, 2016

#3 The Person in charge or their assistance will conduct monthly rounds to ensure the corrective measures or systemic changes are sustained.

4 The Person in Charge.

WHITE OAK MANOR

688 Main Street North
Southbury, CT 06488
203-264-5491

The following are a violation of the Regulations of Connecticut General Statues 19a-550 and/or Section 19-13-D6 (c) Administration (1) and/or (c) Administration (5) (f) Dietary (2).

#3. Based on observations and interview, the facility failed to ensure that residents were notified of any meal changes to the menu prior to serving the meal for that current day.

a) Staff have been inserviced relating to changes in the menu and the need to post of any changes.

#2 This corrective action will be completed by October 21, 2016

#3 The Person in charge or their assistance will conduct monthly rounds to ensure the corrective measures or systemic changes are sustained.

4 The Person in Charge

The following are a violation of the Regulations of Connecticut General Statues 19a-550 and/or Section 19-13-D6 (c) Administration (1) and/or (c) Administration (5).

#4. Based on a review of resident records and interview, the facility failed to ensure that a copy of the resident rights had been provided to the residents.

a) Resident # 1. The resident rights have been reviewed and documentation is completed in resident's file. All Residents who reside at the home, the resident rights have been reviewed and documentation completed in resident's file.

#2 This corrective action will be completed by August 9, 2016

#3 The Person in charge or their assistance will conduct monthly rounds to ensure the corrective measures or systemic changes are sustained.

4 The Person in Charge

WHITE OAK MANOR

688 Main Street North
Southbury ,CT 06488
203-264-5491

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (4) (A) (B) and/or (c) Administration (5).

#5. Based on review of personnel files, the facility failed to ensure that yearly performance evaluations were conducted.

a) Staff yearly performance evaluations commenced on September 14, 2016 and will continue to be conducted yearly.

#2 This corrective action will be completed by October 21, 2016

#3 The Person in charge or their assistance will conduct monthly rounds to ensure the corrective measures or systemic changes are sustained.

4 The Person in Charge.

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (c) Administration (5) and/or (h) General Conditions (3).

#6. Based on review of facility records and interview, the facility failed to report any incidents and/or accidents within seventy-two hours to the state agency.

a) The Connecticut Department of Public Health was notified on August 17, 2016 of the facilities incident.

#2 This corrective action was completed on August 17 , 2016

#3 The Person in charge or their assistance will conduct monthly rounds to ensure the corrective measures or systemic changes are sustained.

4 The Person in Charge

WHITE OAK MANOR

688 Main Street North
Southbury, CT 06488
203-264-5491

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (4) (A) (B) and/or (c) Administration (5).

#7. Based on review of personnel files, the facility did not ensure that educational in-services on general safety to include fire safety, emergency procedures, resident rights and/or the policies and procedures were completed of the facility.

a) The Mandatory Educational in-services on general safety to include fire safety, emergency procedures and resident rights were conducted from August 9, 2016 to September 2, ,2016

#2 This corrective action will be completed by September 2, 2016 and ongoing.

#3 The Person in charge or their assistance will conduct monthly rounds to ensure the corrective measures or systemic changes are sustained.

4 The Person in Charge

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (b) Physical plant (S) and /or (c) Administration (1) and/or (c) Administration (5).

#8.Based on record review and interview, the facility did not ensure that two (2) fire drills were conducted throughout the four (4) quarters annually and that the fire extinguishers were maintained monthly according to the State of Connecticut Fire Safety Code requirements.

a) Fire drills have been conducted on the July 30, 2016 at 6:30am and 11:30 pm September 16, 2016.

b) Fire extinguishers are checked monthly by the facility.

#2 This corrective action will be completed by October 21, 2016

#3 The Person in charge or their assistance will conduct monthly rounds to ensure the corrective measures or systemic changes are sustained.

4 The Person in Charge

WHITE OAK MANOR

688 Main Street North
Southbury, CT 06488
Tel: (203) 264-5491
Fax (203) 264 – 8118

FAX MESSAGE

TO: Ms. Karen Gwarek, RN
AT: DPH

DATE: 9-15-16
FAX#: (860)-509-7543
PHONE:

SUBJECT: Plan of Correction (attached)

FROM: Colette Johnson, Staff Assistant-in-Charge

TOTAL NUMBER OF PAGES (including this one) 5