2016

(3)

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*	
April Time RCH LLC	**Kibby M. Phillips**	**Generalist/Surveyor**
91 Chestnut St.		
Manchester, CT 06040		

Licensure Category:	Licensed Bed/Bassinet Capacity:	Census:
__ **RCH**_____	___ **34**_____	_**34**___
_____	_____	_____

Date(s) of onsite inspection: _____**7/5/16 & Fire Safety Inspection** _____

Date(s) additional information obtained: _____

Personnel contacted: _____**Kuldip S. Bhogal, Person 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 7/15/16

[ ] 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:** ___7/5/16_____

[✓] Approval for issuance of license granted by: Karen Gwarek RN BSN **DATE:** 7/14/16
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

July 15, 2016

Kuldip S. Bhogal, Person-in-Charge
April Time Residential Care Home
91 Chestnut Street
Manchester, CT 06040

Dear Dr. Bhogal:

An unannounced visit was made to April Time Residential Care Home on July 5, 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 July 29, 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. Identify the staff member, by title, who has been designated the responsibility for monitoring the individual plan of correction submitted for each violation.

We do not anticipate making any practitioner referrals at this time.

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:mb

cc: Nancy Shaffer

Keeping Connecticut Healthy
DPH
Connecticut Department of Public Health

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410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph
Affirmative Action/Equal Opportunity Employer

DATE(S) OF VISIT: July 5, 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 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 7/5/16, during a tour of the facility the following observations were noted, outside on the porch, there was a leather rose-burgundy chair that had tears in the upholstery of the seat cushion that appeared to have rough edges. On the first floor in Room #3 there was an accumulation of dust on the wall call light fixture. On the second floor in the hall bathrooms there was an accumulation of dirt and/or dust on the ceiling vent lighting fixture and paint patches on the wall. In the tub room there was a large hole in the sheetrock which exposed the water pipes behind the head of the tub, the floor tile was not secure to the wood floor and the call light did not function.
   b. In the kitchen refrigerator there was a plastic bowl of grape jelly that was not labeled. The main refrigerator in the kitchen and the walk-in freezer in the basement lacked the presence of thermometers. Interview with the Person-in-Charge identified the areas of concern.

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).

2. Based on review of personnel files, the facility failed to conduct annual performance evaluations, initial general orientation program for new hires and educational in-services on general safety to include fire safety, emergency procedures, resident rights and/or the policies and procedures of the facility. The findings include:
   a. Interview and review of personnel files with the Person-in-Charge on 7/5/16, the files failed to reflect documentation that annual performance evaluations were completed in 2015 and/or 2016 for eleven of thirteen staff members and/or the files failed to reflect documentation that mandatory in-services on general safety, fire safety, emergency procedures and resident rights were conducted in 2015 or 2016.
   b. For two new hires the personnel files failed to reflect documentation lacked documentation that a general orientation program was conducted upon hiring. Interview with the Person-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).

3. Based on review of facility documentation and interview, the facility did not ensure that the generator system, the fire extinguishers, fire drills, fire alarm and smoke detectors were maintained, inspected and/or conducted on a monthly, semi-annual basis and quarterly basis according to the State of Connecticut Fire Safety Code requirements. The findings include:
   a. Interview and review of facility documentation with the Person-in-Charge on 7/5/16

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

identified that the generator was not tested monthly on full load for thirty (30) minutes, during the generator testing the Person-in-Charge and/or other staff persons were uncertain on how to test the transfer switch of the emergency power on the generator as required, the generator was last checked on 10/29/12, the generator was overdue for service and/or the generator was not checked on a weekly to monthly basis by the facility staff.

b. Facility documentation failed to reflect that the fire extinguishers were checked monthly by the facility, that a fire drill was conducted on the third shift in the first, second and fourth quarters, and/or that the fire alarms and/or smoke detectors were inspected semi-annually. Documentation identified the fire alarm and smoke detectors were last checked in October 2015. Interview with the Person-in-Charge identified the areas of concern.

APRIL TIME RESIDENTIAL CARE HOME, LLC.
91 Chestnut Street
Manchester CT. 06040
Phone: 860-649-4519
Fax: 860-649-0118

Approved
10-4-17
KEG

July 25, 2016

Dear Karen,

Further to your letter dated July 15, 2016, the following is the response to the items identified at inspection by the visiting inspector.

1. This chair was brought by one of the residents from the street a day or two previously. It was removed the same day as the inspection. I will get a proper wooden bench installed during the next 10 weeks.
   Our night Staff is supposed to do a thorough cleaning of all the bathrooms and the day Staff clean the rooms. I have reminded the Staff of their duties. I will have my maintenance person (post empty currently) responsible for maintaining a dust free environment.
   The tub room is closed and is not being used. I will, however, get my maintenance person to repair the hole.
   The kitchen staff always label the food containers. Regular food inspection by the Public Health can verify this. The kitchen Staff have, once again, been reminded of the importance of labelling the containers.
   All our refrigerators and freezers have thermometers. I have looked at the kitchen refrigerator and the walk-in freezer and can confirm that they both do have the thermometers.
2. Annual performance evaluations, new hire orientation and in-house education are certainly carried out but have not always been documented in the employee files. I shall endeavor to do so from now on.
3. April Time does carry out regular monthly fire exercises. These are divided equally between all the shifts. Fire alarms are checked on a regular basis. These services are carried out by Cintas. Unfortunately, at the time of inspection I did not have a maintenance who keeps all the records. The

new maintenance person will keep timely records of the fire extinguishers and smoke detectors. The maintenance person will inspect the fire extinguishers every month and will sign that he has, in fact, done so.
The generator is regularly serviced and load tested by Weld Power Service Co. At the time of inspection, we did not have a maintenance person (position vacant) who would conduct the monthly switch over test. This is incorporated in the maintenance person's duties. The new maintenance person will be required to do so and enter its record.

In short, we have fallen short at record keeping and will endeavor to do so going forward.

Thank you,

Yours sincerely,

DR. KULDIP S BHOGAL
Member.