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*	
Crestwood Manor RCH	**Kibby M. Phillips**	**Generalist/Surveyor**
90 Broad St.		
Norwich, CT 06360		

Licensure Category:	Licensed Bed/Bassinet Capacity:	Census:
RCH	**22**	**22**

Date(s) of onsite inspection: **11/29/16**

Date(s) additional information obtained: _____

Personnel contacted: **Debra Duch, 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 12/15/16

[ ] 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: _____.

REPORT SUBMITTED BY: Kibby M. Phillips **DATE OF REPORT:** **11/30/16**

[✓] Approval for issuance of license granted by: Karen Gwarek RNSNC **DATE:** 12/14/16
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

December 15, 2016

Debra Duch, Person-in-Charge
Crestwood Manor Inc
90 Broad Street
Norwich, CT 06360

Dear Ms Duch:

An unannounced visit was made to Crestwood Manor Inc on November 29, 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 December 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. 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, SNC
Supervising Nurse Consultant
Facility Licensing and Investigations Section

KEG:mb

cc. Nancy Shaffer

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: November 29, 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) and/or (h) General Conditions (6).

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 the first floor in the Men's bathroom there was a strong urine odor and no protective caps to the screws bolts at the toilet base.
   b. On the second floor in the Ladies Bathroom there was no protective caps to the screws bolts at the toilet base. In Room #7 the wood floor had mold and was unfinished throughout the room. Room #10 there was no oxygen sign posted on the door that denoted oxygen was in use and in the room there were two (2) unsecured oxygen cylinders lying on the floor. In Room #6 there was an uncovered mercury bulb in the lamp. 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 (c) Administration (1) and/or Connecticut General Statutes 19a- 550.

2. Based on observations and interview, the facility failed to post and/or provide a system of communication that was sufficient to meet to needs of the residents. The findings include:
   a. On 11/29/16 during a tour of the facility, there were no observations of the patient's Bill of Resident Rights posted in the facility for the residents. Interview with the Person-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).

3. Based on review of personnel files, the facility failed to conduct annual performance evaluations 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. On 11/29/16 review of all employee personnel files failed to reflect documentation that mandatory in services were completed in the 2015 and/or to present. Interview with the Person-in-Charge identified the problem.
   b. On 11/29/16 review of all employee personnel files failed to reflect documentation that an annual performance evaluation was completed in 2015 and/or for the current year of 2016. Interview with the Person-in-Charge identified the problem.

DATE(S) OF VISIT: November 29, 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) (N) (5) (S) and/or (c) Administration (1) and/or (c) Administration (5).

4. Based on observations and interviews for twenty-two resident rooms, the facility failed to ensure that the intercom sound system and equipment were functioning properly. The findings include:
   a. On the first and second floors in Resident Rooms #1 #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, and #22, when the residents utilized the intercom sound system, their voices could not be heard at the main switch board located near the kitchen. Interview with the Person-in-Charge identified that the intercom sound system was not working properly.

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D6 (f) Dietary Services (4) and/or (h) General Conditions (6).

5. Based on observations and interviews, the facility failed to maintain the environment to ensure the health, comfort, cleanliness and/or safety of the residents. The findings include:
   a. On 11/29/16 observations during the dishwashing process, the following were identified, on two (2) separate rinse cycles, the gauge needle was at 174 and 163 during the sanitizing process. Interview with the Person-in-Charge identified the low temperatures.

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).

6. Based on review of facility documentation and interview, the facility failed to ensure the smoke detectors and the fire alarm system were maintained and tested semi-annually according to the State of Connecticut Fire Safety Code requirements. The findings include:
   a. On 11/29/16, review of the facility records failed to reflect documentation to show that the smoke detectors and the fire alarm system were serviced on a semi-annual basis. The smoke detectors and the fire alarm system were last serviced by an outside maintenance company on 4/28/16. Interview with the Person-in-Charge identified that there was no documentation to reflect the systems were serviced in October 2016.

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (b) Physical plant (O) (2) (a) (3) (a) (S) and/or (c) Administration (1) and/or (c) Administration (5).

7. Based on observations and interview, the facility failed to ensure that there was a generator in place in the event of an emergency power outage according to the State of Connecticut Fire Safety Code requirements. The findings include:

DATE(S) OF VISIT: November 29, 2016

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

a. On 11/29/16, during a tour of the facility, there was no generator noted to supply back up power to the facility. Interview with the Person-in-Charge identified that there was no generator in the facility to provide electrical service to the building in the event of an emergency power outage.

CRESTWOOD MANOR, LLC
Residential Care Home

Approved
1/7/17
KEG

December 21, 2016

State of Connecticut
Department of Public Health
Facility Licensing and Investigations Section
410 Capitol Avenue
P O Box 340308
Hartford, Ct 06134

Dear Ms Gwarek:

This is in response to your violation letter of December 15, 2016.

1.a. A resident had recently used the bathroom and soiled the floor. It was cleaned in a timely manner. The caps were replaced that afternoon.

b. The caps were replaced that afternoon. Room 7 is not a wood floor. It as dark in color and has no mold on it. Room 10 had an oxygen sign posted immediately. Resident removed it because she doesn't use her oxygen and didn't think it needed to be on the door. I explained to the resident it had to be there whether she uses it or not. The oxygen tanks were placed in a crate immediately. Room 6 light bulb was replaced as well as the light itself.

2.a. The patients Bill of Rights was reposted immediately.

3.a. In-services will be performed by the administrator on a regular basis starting immediately.

b. Annual evaluations have begun and will continue through January and February of 2017 by the administrator.

4.a. A new intercom system has been ordered and received. An electrician has been called in to replace the system. He will start the week of December 26, 2016. The electrician is [redacted], KDS Electric LLC of Voluntown, Ct.

5.a. The dishwasher has been reaching 180 and above. The representative of Hobart came in and made adjustments. Staff is using bleach in the rinse water as a precaution.

6.a. ASP has been called in to do an inspection. They had me listed as annual inspection instead of semi-annual. A change was made and will be here to do an inspection on December 27, 2016.

7.a. No generator is installed. I am grandfathered in. I will be applying for a loan to do so in the spring, 2017.

I will do my very best to keep on top of these issues in the future. I will be responsible to make sure there is no recurrence of these issues.

Sincerely yours,

Debra A. Duch
Owner - Administrator