2018

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*	
Johnson Home, Inc.	**Kibby M. Phillips, Surveyor**	**Generalist**
100 Town St.		
Norwich, CT 06360		
M:		

Licensure Category:
Residential Care Home

Licensed Bed **14** Census: **13**
Bassinet Capacity: _____ _____

Date(s) of onsite inspection: **03/19/2018**

Date(s) additional information obtained: _____

Personnel contacted: ____ **Vonda-Kay Stockwell, Person in Charge**

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 4/6/18

[ ] 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 _____

REPORT SUBMITTED BY: Kibby M. Phillips Kibby M Phillips **DATE OF REPORT:** **03/21/18**

[ ] Approval for issuance of license granted by: Karen Gworek RN CNC **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 6, 2018

Vonda-Kay Stockwell, Person-in-Charge
Johnson Home Inc
100 Town Street
Norwich, CT 06360

Dear Ms Stockwell:

An unannounced visit was made to Johnson Home Inc on March 19, 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 20, 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 state statutes or regulations identified in the department's notice of noncompliance. Any institution that fails to

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

November 2017. The Person-in-Charge identified that she did not contact another company to fix the dishwasher.
Subsequent to surveyor inquiry, the outside vendor company returned onsite to the facility on 3/27/18 to finish the repair but the company was not able to fix the dishwasher.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (5) and/or (g) General Conditions (9).

6. Based on observations, review of facility documentation and interviews, the facility failed to ensure the fire extinguishers were checked on a monthly basis according to the State of Connecticut Fire Safety Code requirements. The findings include:
   a. Review of facility records failed to reflect documentation that the fire extinguishers were checked monthly by the facility. The records identified that the fire extinguishers were last serviced by an outside company in April 2017. Observations in the basement identified there was an old 2016 fire extinguisher that needed to be either be replaced or removed by the outside vendor company. Interview with the Person-in-Charge identified she was not able to provide documentation to show that the fire extinguishers were checked monthly.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (m) Administration of Medications (2)(C).

7. Based on review of personnel files, the facility failed to ensure that staff's medication administration certificates had not expired. The findings include:
   a. Review of the personnel files for Staff Persons #6, #7, #8, and #9 failed to reflect documentation that their certificates of medication administration had not expired. Interview with the Person-in-Charge identified the staff are in the process of being registered to attending a session.

The Johnson Home, Inc.

100 Town Street
Norwich, CT 06360
(860)887-7185

Approved 10/19/18 KEG

Residence for Retired Women since 1907

Corrective Measures

Date of Inspection: March 19, 2018

Violation:

1 a. 1.The sheetrock/insulation has been removed and roof repairs made, there is currently an opening left so that contractors can get in there to make repairs needed to the soffits.
2.Date of repair: End of November 2018.
3.Person in charge responsible for seeing that these repairs are completed and any future compliance.
4. A repair log book will be audited weekly.

1. Drain clog Date of repair April of 2018.
2. A log book for any maintenance issues around the home has been created and will be checked weekly.
3. Future checks to ensure compliance will be up to the person-in-charge.
4. A repair log book will be audited weekly.

The scaping and painting of the 3rd floor sitting room ceiling

1 Date Completed May 12th 2018.
2 Person in charge will make rounds weekly, log any future peeling issues and add it to our to-do list for volunteer days held quarterly.
3 The person in charge is responsible for future compliance.
4 A repair log book will be audited weekly

Violation 1b.

1. Second floor room 202 the sink with rust has been cleaned and scoured, all lime,rust stains.
2. Date of repair early April 2018.
3. The person in charge and housekeeper will be in charge of keeping up on the buildup and future compliance.
4. A walk through by the person in charge will be done and logged weekly.

1. Flooring 2nd floor bathroom flooring to be replaced by January 2019.
2. The toilet seat and railings and screw covers were replaced March 21st 2018.
3. Person in charge is responsible for compliance.

4. A log book will be kept for an maintenance issues and checked weekly.

1. Room 207 the rug has been washed thoroughly with a steam cleaner in March 2018.
2. The room will be checked weekly.
3. Person in charge and housekeeper will check in weekly to ensure compliance.

Violation: 2a.

1.Retraining has taken place to have residents come to a table, one at a time to receive their meds under supervision.
2. Weekly supervision will be don to ensure staff compliance with our policy.
3. The person in charge is responsible for compliance.

Violation 3a.

1. Signatures collected March 10th 2018 at which time I supplied each resident with the resident rights brochure and the house rules at which time.
2. A signature form has been created.
3. The person in charge is responsible for creating a system for which these papers will be signed upon admission. This system will be instituted immediately.
4. The person in charge is responsible for compliance.

Violation 4a. 1. Employee evaluations will be held yearly, in January for all employees.
2. A form has been created
3. reminder set in an online calendar.
4. The person in charge is responsible for compliance.

b. Staff training Signatures.

1. A binder has been created to keep better track of all employee training.
2. Correction date: Immediate.
3. The person in charge is responsible for compliance.

Violation 5a. 1. Dishwasher repair was completed in April of 2018.
2. A repair log book has been creating for any maintenance issues and will be check at least weekly.
3. The person in charge is responsible for compliance in any future issues.

Violation 6a. 1. Fire extinguisher will be checked monthly by the person in charge.
2.An alert has been set monthly
3. Tags will be labeled with dates
4. The person in Charge is responsible for compliance.

Violation 7a. 1. All medication certificates are up to date.
2. Date of completion: March& April 2018.
3. The person in charge has created a reminder three months prior to employee certificate renewal dates to ensure that there is no lapse.

4. The person in charge is responsible for overseeing employee's future compliance.

Sincerely,

Vonda-Kay Gluck

Vonda-Kay Gluck
Administrator