2022

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Johnson Home Inc.
M: 100 Town St.
Norwich, CT 06360

Signature of FLIS Staff

Aneta Predka

Licensure Category:
RCH

Licensed Bed/Bassinet Capacity: 14

Census: 11

Date(s) of onsite inspection: remote investigation 9/8/22 and 9/9/22

Date(s) additional information obtained:

Personnel contacted: Tina Yeitz Administrator, Sarah Hill Director of Resident Care

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

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

[X] See Complaint Investigation #32816

[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 9/20/22

[ ] 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 _____

[ ] CMP fund verification
[ ] CRF grant verification
[ ] Shift Coach
[ ] Full Time Infection Prevention and Control Specialist

REPORT SUBMITTED BY: Aneta Predka **DATE OF REPORT:** 9/12/22

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

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

September 20, 2022

Tina Yeitz, Administrator
Johnson Home Inc
100 Town Street
Norwich, CT 06360

Dear Ms Yeitz:

An unannounced remote survey was conducted with Johnson Home Inc on September 8, and 9, 2022 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation.

Attached is the violation of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which was noted. 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 fourteen 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 October 4, 2022.

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.

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 **October 4, 2022** 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 and direct your questions concerning the instructions contained in this letter to the Supervising Nurse Consultant at (860) 509-7400.

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

Respectfully,

Karen Gworek, RN
Karen Gworek, RN, BSN
Supervising Nurse Consultant
Facility Licensing & Investigations Section

KEG:csf

c. Mairead Painter, LTC Ombudsman Program

Complaint #32816

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or the Connecticut General Statutes 19a-550 (b)(8).

1. Based on review of facility documentation and interviews for one sampled resident (Resident #1) who alleged being mistreated, the facility failed to ensure the resident was free from abuse and failed to provide a policy specific to abuse prohibition. The findings include:

   a. Review of the Reportable Event Form dated 8/12/22 identified Resident #1 stated "a staff member hit him/her and told Resident #1 he/she was going to the nursing home if he/she did not get up." Review of Staff Attendant #2's written statement dated 8/12/22 identified Resident #1 refused to go into the dining room for breakfast because Staff Attendant #1 hit him/her. Staff Attendant #2 indicated Resident #1 stated he/she was not going to eat breakfast because Staff Attendant #1 was nearby. Staff Attendant #2 identified she reported the incident to the Administrator and the Director of Resident Care. Resident #1's statement dated 8/12/22 composed by the Director of Resident Care identified Resident #1 reported Staff Attendant #1 hit and yelled at him/her. Resident #1 indicated Staff Attendant #1 stated to him/her if he/she did not get up, he/she was going to be sent out to a nursing home. Resident #1 was observed to be apprehensive about being near Staff Attendant #1 and showed signs of feeling intimidated physically. Staff Attendant #1 was placed on suspension pending an investigation. Staff Attendant #1's written statement dated 8/12/22 identified she went to Resident #1's room to wake him/her up and to tell Resident #1 to take his/her mediations. Staff Attendant #1 indicated Resident #1 stated "do not talk to me like that." Staff Attendant #1 identified she attempted to help Resident #1 to get up and put Resident #1's shoes on because Resident #1 was not capable to do so. Staff Attendant #1 indicated she did not hit or abuse Resident #1. Interview with the Director of Resident Care on 9/8/22 at 9:00 AM identified Resident #1 did not feel comfortable around Staff Attendant #1 and the decision was made to separate the employment with Staff Attendant #1 on 8/27/22. Interview with the Administrator on 9/8/22 at 4:44 PM identified the Abuse policy would fall under the Code of Conduct policy and that was the only policy that was in place to cover abuse at this time. Subsequent interview with the Administrator on 9/9/22 at 11:05 AM identified two (2) weeks ago Resident #1 complained Staff Attendant #1 had used an excessive amount of force when walking Resident #1 for breakfast. The Administrator indicated after discussing the allegation with Staff Attendant #1 and Resident #1, it was clear Resident #1 was intimidated and uncomfortable with Staff Attendant #1 and the decision was made to terminate Staff Attendant #1. Attempts to interview Resident #1 and Staff Attendant #1 were unsuccessful. Although requested, a facility policy specific to Abuse prohibition was not provided.

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

2. Based on review of facility documentation and interview, the facility failed to ensure a background check was completed for an employee prior to the start of the employment. The findings include:

    a. Interview with the Administrator on 9/8/22 at 4:18 PM identified there was no record of a background check completed for Staff Attendant #1 prior to the start of the employment.

October 3, 2022

Supervising Nurse Consultant
Facilities Licensing & Investigations Section
Department of Public Health
410 Capital Avenue P.O. Box 340308
Hartford Ct. 06134-0308

Approved
11/21/22
KEG

Complaint #32816

The following is the plan of correction for the Reportable Event dated 8/1/22 in which a resident reported alleged mistreatment:

1) After completing interviews with both the resident and the employee, the decision was made to separate the employee. The current Administrator is developing an additional policy, other than the current Code of Conduct policy that is specific to resident abuse and will have it approved by the Board of Directors of The Johnson Home Inc. prior to 10/7/2022. In addition to this, the Director of Resident Care will be monitoring the relationship between the residents and the PCA's on duty through conversation at least weekly to identify any possible concerns that the residents may have with the employees in the facility.

2) As of 9/8/22, the current Administrator has reviewed the current employee files to ensure that all background checks have been processed and will ensure that all new hired employees of the facility are run through the ABCMS system that is required for all LTC employees. Once a quarter, the Administrative Assistant or the Director of Resident Care will audit the employee files to ensure that all required documentation is present in the employees file.