Jerome Home
Senior Living

Approved
10/10/23
KEG

October 9, 2023

Karen Gworek, RN
Supervising Nurse Consultant
State of Connecticut Department of Public Health
Facility Licensing & Investigations Section
410 Capitol Avenue, P.O. Box 340308
Hartford, CT 06134-0308

Dear Ms. Gworek,

Please find enclosed Jerome Home's plan of correction for our most recent Residential Care Home survey.

The filing of this plan of correction (POC) does not constitute any admission as to any of the alleged violations set forth in this statement of deficiencies. This POC is being filed as required by applicable law and as evidence of the facility's continued commitment to high quality care.

Section 19-13-D6 (b) Physical Plant (2)(b) and/or (c) Administration (c) Administration (5)

Based on review of facility documentation, observations, and interviews, the facility failed to ensure compliance with all applicable codes, standards, and regulations of the State of Connecticut Fire Safety Code and the National Fire Protection Association. The findings include:

a. Observations during a tour of the facility on 9/13/23 at 9:00am and multiple times throughout the day, the surveyors observed the use of unapproved electrical devices, not complying with the regulations set forth by section 603 of the CSFSC. i.e., Unapproved electrical splitters, power taps (power strips) and/or extension cords were being used in every room. Interview with the Assistant Building Director identified the resident rooms are checked quarterly by Housekeeping.

(1) The facility will educate RCH staff that the use of unapproved splitters, power taps (power strips), and/or extension cords is prohibited by the CT FSC and NFP. When staff are in resident's room, they will observe to see if any of these items are in use. If any items are in use, staff will notify their supervisor and/or building services/maintenance immediately.
(2) Completion date: 10/13/2023
(3) The facility will conduct bi-weekly (every two weeks) random checks of the RCH rooms to ensure the above mentioned items are not in use. Results of the random checks will be reported to and

reviewed at QAPI committee meetings, until the QAPI committee determines that the issue has been resolved.

(4) The Building Services Director is responsible for the plan of correction.

If I can be of any assistance, I can be reached via phone at 860.356.8218 or via email at tina.richardson@hhchealth.org.

Sincerely,

Tina L Richardson

Tina L. Richardson, LNHA
Executive Director