2017

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Avery Heights
705 New Britain Ave
Hartford, CT 06106
M:

Signature of FLIS Staff

Noben Barrera — Nurse Consultant
Michael J. Smith RN — Nurse Consultant

Licensure Category:

Assisted Living

Licensed Bed Capacity: ___

Census: ___

Date(s) of onsite inspection: 10/30/17 & 10/31/17

Date(s) additional information obtained: ___

Personnel contacted: Zoryana Dingfelder SAISA

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 # ___

[ ] 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 ___

[ ] Desk Audit ___ [ ] Amended Letter: ___ Original Ltr. ___

[ ] Citation # ___ was issued to this facility as a result of this inspection.

[X] 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: Noben Barrera **DATE OF REPORT:** 10.31.17

[✓] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 11-7-17
Supervisor/Title

ENTITY: Avery Heights

DATE(S) OF VISIT: 10/30/17

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 75

Number of home visits: 2 Number of records reviewed: 4

SALSA: Zuryanna Dingfelder

SALSA Designee: Dyta Siebiedzinska

Home health care contracts/contracts:

Name: Avery Heights

Address: 7050 New Britain ave
Hartford, CT

Phone:

Name:

Address:

Phone:

Managed Residential Community visited: The Height

Service Coordinator: Shannon Chun

Policy review was done relative to record reviews ~~and/or~~ no violations cited as appropriate.

Rev.7/01-

SIGNATURE: Tobin Barra

DEPARTMENT OF PUBLIC HEALTH
HOSPITAL AND MEDICAL CARE DIVISION

INSPECTION MATERIALS CHECKLIST
ASSISTED LIVING SERVICES AGENCY

Assisted Living Services Agency Avery Heights ALS

Address New Britain Avenue

City Hartford State CT Zip Code 06106

The Inspection Materials Checklist is to be used to identify any new or revised agency materials since the last licensure inspection. Please complete as appropriate for your agency and have any materials so identified available for review.

Agency Materials	New	Revised
BY-LAWS OR RULES OF ORDER		
POLICIES/PROCEDURES		
Client Care Policies/Procedures		
o Admission		
o Assisted Living Aide Program		
o Discharge		
o Emergency		
o Administration of Medications		
o Complaint Procedure		
Nursing Service		
PERSONNEL POLICIES-for the assisted living services agency		
Orientation		
In-service education		
Required health examinations		
Annual performance evaluation policy		
Job description-supervisor of assisted living services		
Job description-assisted living aide		
QUALITY ASSURANCE PROGRAM/PLAN		
BILL OF RIGHTS		
PUBLIC INFORMATION MATERIALS		

No Changes

PLEASE IDENTIFY ANY OTHER NEW MATERIALS DEVELOPED _____

Supervisor of Assisted Living Services Signature: J Dingfelder RN

Date: 10/30/17

0200N/3

Hospital and Medical Care Division

*Please Note:
1. Orientation should include emergency medical procedure 19-13-D105(e)(ii)
2. Bimonthly means every other month

ASSISTED LIVING SERVICES AGENCY
ASSISTED LIVING AIDE PERSONNEL REVIEW

Assisted Living Services Agency: Avery Heights ALSA   Town: Hartford

Managed Residential Community: ______   Town: ______   Date: ______

Name (Agency Aide Personnel) If contract personnel, identify as such	Date Employed	(i)(2) Orient. 10°	Basic H-HHA	(f)(2)(B) Nurses Aide	Student Nurse	(f)(1)(E) PreEmploy and Annual	TBC	(f)(1)(C) Eval. Annual	(f)(1)(B)(i) Inservice Attendance Bimonthly	(i)(2) Competency Test Date	Background Comments
Erin Staple	5/18/17	✓		CNA 912	81062	Free	(-)	6 month			✓
Maleah Pickwa	10/12/10	✓		CNA 999	6470	Free	X ray	9/21/17			✓
Victoria Cabrera	11/11/08	✓		CNA 998	7412	Free	(-)	9/25/17	13.5		✓
Lamiya Edwards	11/2/16	✓		CNA 912	92118	Free	(-)	6 month			✓
Kim Colon	5/31/13	✓		CNA 912	75888	Free	(-)	10/26/17			✓

0197N/1

March 2017

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DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING AND INVESTIGATIONS SECTION

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Avery Heights
705 New Britain ave
Hartford, CT 06106
M:

Signature of FLIS Staff

Nolan Barrow [signature] Consultant
Michael T. Smith RN Nurse Consultant

Licensure Category: Assisted Living

Licensed Bed
Bassinet Capacity: ______

Census: ______

Date(s) of onsite inspection: 10/30/17 + 10/31/17

Date(s) additional information obtained: ______

Personnel contacted: Zoryana Dingfelder SALSA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

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[ ] Referral(s) to ______

REPORT SUBMITTED BY: Nolan Barrow **DATE OF REPORT:** 10.31.17

[ ] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 11-1-17
Supervisor/Title

flis\hsr\FACESHEETS
revised 12/2016