2016

3/30/17 Copy for Rose D.O.

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

LICENSING INSPECTION REPORT

D/B/A Name and Address of Entity

Elim Park Baptist Home Inc
140 Cook Hill Rd
Cheshire CT 06410

Signature of Survey Staff

Melissa J San Soucie RN Nurse Consultant

Licensure Category: CM
Assisted Living Services Agency

Licensed Bed/Bassinet Capacity:
203-271-1770 Fax - 203-271-1770
P- 203-272-3547 X 322

Census:
37

Date(s) of onsite inspection: 05/17/16, 05/19/16

Date(s) additional information obtained: ___

Personnel contacted: Nancy Paya RN SALSA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[X] Licensing Inspection [ ] *Initial* [X] *Renewal* [ ] *Other:* (e.g. Strike) ___

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

[X] See Complaint Investigation # 19459

[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 3/30/17

[ ] 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: Melissa J San Soucie RN **DATE OF REPORT:** 5/20/16

[ ] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 5-23-16
Supervisor/Title

ENTITY: Elim Park Baptist Home Inc

DATE(S) OF VISIT: 05/17/14

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 37

Number of home visits: 2 Number of records reviewed: 5

SALSA: Nancy Pape RN

SALSA Designee: Lynn Ebaro RN

Home health care contracts/contracts:

Name:

Address:

Phone:

Name:

Address:

Phone:

Managed Residential Community visited:

Service Coordinator: Lynn Ebaro RN

Policy review was done relative to record reviews and/or violations cited as appropriate. ✓

Rev.7/01-

SIGNATURE: Melissa J Sanders RN

DEPARTMENT OF PUBLIC HEALTH
HOSPITAL AND MEDICAL CARE DIVISION

INSPECTION MATERIALS CHECKLIST
ASSISTED LIVING SERVICES AGENCY

Assisted Living Services Agency Elim Park Baptist Home

Address 140 Cook Hill Rd.

City Cheshire State Ct. Zip Code 06410

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	1/14	
Required health examinations		
Annual performance evaluation policy		
Job description-supervisor of assisted living services	3/15/16	
Job description-assisted living aide		
QUALITY ASSURANCE PROGRAM/PLAN		
BILL OF RIGHTS		
PUBLIC INFORMATION MATERIALS		

PLEASE IDENTIFY ANY OTHER NEW MATERIALS DEVELOPED _____

Supervisor of Assisted Living Services Signature: [signature]

Date: 5/17/16