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*	
Green Lodge of Manchester, Inc.	Glenna Fried, LCSW	
612 East Middle Turnpike	Karen Gworek, RN	
Manchester, CT 06040	Ray Kasidas/ BFSI	

Licensure Category:
Residential Care Home — Licensed Bed/Bassinet Capacity: 20 — Census: 17

Date(s) of onsite inspection: 2/16/24

Date(s) additional information obtained: _____

Personnel contacted: Stuart Beilman, Person-in-Charge

Email Address: greenlodge@cox.net

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

[ ] Visit **OR** Revisit for the purpose of reviewing the Plan of Correction for the violation letter dated

[ ] 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 4/10/24

[ ] 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: Glenna Fried, LCSW **DATE OF REPORT:** 2/26/24

[ ] Approval for issuance of license granted by: Karen Gworek, RN **DATE:** 2/16/24
Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT:

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

April 10, 2024

Stuart Beilman, Person-in-Charge
Green Lodge of Manchester, Inc
612 East Middle Turnpike
Manchester, CT 06040

Dear Mr. Beilman:

An unannounced visit was made to Green Lodge of Manchester, Inc on February 16, 2024 by representatives 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. 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 April 24, 2024

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 violations and you may be provided with the opportunity to be heard. If the violations are not responded to by **April 24, 2024** or if a request for a meeting is not made by the stipulated date, the violations 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:mdf

cc. Mairead Painter, LTC Ombudsman Program

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

1. Based on observations, the facility failed to ensure the kitchen countertops met infection control protocol. The findings include:
    a. During a tour of the kitchen with the cook on 2/16/24 at 10:30 AM the kitchen countertops were noted to be delaminated and they did not have a smooth cleanable surface.

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

2. Based on review of personnel files and interviews, the facility failed to ensure performance evaluations were conducted annually. The findings include:
    a. Interview with the Office Manager on 2/16/24 identified no annual employee performance evaluations have been completed since 2020.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (b) Physical Plant (2)(b)(S) and/or (c) Administration (1) and/or (c) Administration (5).

3. Based on observations, review of facility documentation, and interviews, the facility failed to maintain a clean, comfortable, and homelike environment. During a tour of the facility on 2/16/24 the following were identified:
    a. There was a dark black colored substance on the baseboard heater and an outlet near the baseboard heater in Room #1.
    b. The ceiling in Room #6 had cracked ceiling tiles.
    c. The shower room next to Room #10 had one broken floor tile and one loose floor tile.
    d. There was a missing dresser drawer in Room #10.

    Interview with the Person-in-Charge on 2/16/24 at 9:48 AM identified that environmental rounds were not scheduled and not conducted on a regular basis.
    Interview with the Office Manager on 2/16/24 identified that routine maintenance tasks were not performed at the facility because the previous staff member responsible for maintenance left the facility and no replacement has been assigned.

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

4. Based on observations and interviews, the facility failed to document the temperatures of the refrigerators and freezers to monitor if the equipment is functioning effectively. The findings include:
    a. Observations during a tour of the facility identified that although all of the refrigerators and freezers had a thermometer there were no logs maintained to denote if the appliances were functioning properly.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (m) Administration of Medication (B) and/or Connecticut General Statute 19a-495a (b).

5. Based on review of facility documentation and interviews, the facility failed to ensure that staff who assisted with medications had current medication administration certificates. The findings include:
    a. Observations during the medication administration on 2/16/24 at 11:05 AM identified a staff member took a medication bubble package out of the cabinet, placed the pack on the counter, poured a glass of water, the resident took the bubble pack, looked at the medication label, popped the medication bubble packet and took the medication.
    b. Observations during the medication administration on 2/16/24 at 11:06 AM identified a staff member took a medication bottle out of the cabinet, placed the bottle on the counter, poured resident a glass of water, the resident took the bottle, looked at the bottle, opened the bottle, and took the medication.
    c. Observations during the medication administration on 2/16/24 at 11:09 AM identified a staff member took a medication bubble package out of the cabinet, placed the pack on the counter, poured the resident a glass of water, the resident took the bubble pack, looked at the bubble pack, popped the medication bubble packet, and took the medication.

    Interview with the Office Manager on 2/16/24 identified no staff at the facility have current medication administration certificates because the residents self-administer their medications.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (c) Administration (5).

6. Based on review of facility documentation and interviews, the facility failed to ensure the resident records had current physician orders to reflect the medications in each resident's medication regimen. The findings include:
    a. Observations of the medication records on 2/16/24 failed to reflect documentation of physician orders. Review of the medication packaging was the only area that indicated the resident's medication list specific to that hour.

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

7. Based on interviews and review of facility documentation, the facility failed to ensure the facility house rules did not violate Resident Rights. The findings include:
   Review of facility documentation entitled house rules identified the following rules that infringe on resident rights:
    a. All Residents are expected to be downstairs for 7am, 11am, 4pm and 8pm medication.
    b. Breakfast will be served between 6:30 and 7:30am every morning. Residents are expected to be present and dressed at the time. Shoes must be worn at all times.
    c. No food or drinks are allowed in residents' rooms.
    d. No alcohol or illegal drugs are allowed. No Resident is allowed to purchase alcohol from, for example, the Tavern next door or the package store. Purchasing food, soda or cigarettes is allowed.
    e. Residents may not put up anything on the walls without Management approval. Bulletin boards may be provided if requested.

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

8. Based on observation, review of facility documentation, and interviews, the facility failed to ensure menus meet nutritional needs and include a variety of alternate meal selections. The findings include:
    a. Observations on 2/16/24 at 11:06 AM identified a resident asked a staff member what the lunch menu was for the day. The staff member identified the meal was white fish, mixed vegetables, and wild rice. The resident responded with a plan to eat a can of his/her own food due to not liking what was offered. The staff member acknowledged that the resident did not like the planned menu and no alternative was offered by the staff member.
    b. Review of facility weekly menus for the weeks of 2/1224 through 2/18/24 and 2/19/24 through 2/25/24 identified the menus had limited options and meals were repetitive.

c. Review of the menus identified on 2/14/24 breakfast consisted of a muffin, yogurt, milk, and juice which did not meet adequate nutritional needs.
d. Observations failed to reflect weekly menus are posted for the residents to review.

Interview with a Staff Member on 2/16/24 identified the facility offered the same alternative meal all week in addition to the meals indicated on the weekly menu, there is no dessert served at lunch and the residents buy their own coffee if they want coffee.

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

9. Based on review of facility documentation and interviews, the facility failed to ensure recreational calendars were posted and that recreational activities were offered to residents. The findings include:
   a. Observations during tour of facility on 2/16/24 identified recreational calendars were not posted. Interview with the Office Manager on 2/16/24 identified that formal recreational activities were not currently offered to residents due to the staff member responsible for organizing the recreational activities no longer working at the facility and no replacement has been hired.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (c) Administration (5).

10. Based on review of facility documentation and interview, the facility failed to ensure there were written facility policies on Smoking and Abuse Prevention. The findings include:
    a. Interview with Manager on 2/16/24 identified that the designated smoking area was "anywhere outside" the facility and there was no written policy. The Manager identified there was no written policy on Abuse Prevention and indicated that the facility needed to create one.

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D6 (b) Physical Plant (2)(b) and/or (c) Administration (1) and/or (c) Administration (5).

11. 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:

On 2/16/24 at 9:00 AM during a tour of the facility and while accompanied by a facility representative, the following observations were identified:

a. The surveyor, while accompanied by a Facility Representative observed that there was a power strip overloaded with extension cords and other electrical appliances in Resident Rooms #3, #4, #6, #7, #10, #11, and #12.
b. The surveyor was not provided with documentation from the Facility Owner to indicate that the sprinkler system was being tested, inspected, and maintained in accordance with NFPA 25; i.e., There were no records that a sprinkler inspection was completed in the second or third quarter of 2023.
c. The surveyor was not provided with documentation from the Facility Owner to indicate that the maintenance and testing of the facilities fire alarm system has been completed as required by NFPA 1 section 13.7.3.1.1.2, section 13.7.3.2.4.4, and section 13.7.3.2.4.1. The last inspection provided was 1/23/23.

Green Lodge of Manchester, Inc.

612 E. Middle Tpke.

Manchester, CT 06040

(860) 649-5985 Fax (860) 649-4433

greenlodge@cox.net

Approved
5/9/24
KEG

April 26, 2024

State of Connecticut

410 Capitol Ave P.O. Box 340308

Hartford, CT 06134-0308

Plan of Corrections:

1. Violation of CT State Agencies Section 19-13-D6 (c) Administration (1) and or (f) Dietary Services (1).
   a. The kitchen countertops were delaminated and did not have a smooth cleanable surface.
      The kitchen countertop will be relaminated by 7/30/24 by the maintenance/administrator. Counters will be monitored for wear monthly by maintenance/administrator
2. Violation of CT State Agencies Section 19-13-D6 (c) Administration (1) and/or (c) Administration (4)
   a. The performance evaluations were not completed annually since 2020. The manager will complete annual performance reviews by 5/30/24 and will be conducted annually moving forward.
3. Violation of CT State Agencies Section 19-13 D6 (b) Physical plant (2) (b) (S) and/or Administration (1) and/or (c) Administration (5)
   a. Facility failed to maintain a clean, comfortable, and homelike environment. 1. Room #1 black substance on baseboard heater and outlet. This will be cleaned and maintained by Housekeeping by 5/30/24

2. Room #6 has cracked ceiling tiles. These will be replaced by administrator/maintenance by 6/30/24. Housekeeping will look over rooms weekly and tell administrator/maintenance of anything needed repairs. 3. The shower room had one broken and one loose floor tiles. These will be replaced by the administrator/maintenance by 6/30/24 and housekeeping will check all bathrooms daily and tell administrator/maintenance of any repairs needed. 4. Room #10 had a missing dresser drawer. This will be repaired or replaced by 6/30/24 by administrator/maintenance. Housekeeping will check all furniture in the bedrooms weekly and report any repairs needed to administrator/maintenance.

4. Violation of CT State Agencies Section 19-13-D6 (c) Administration (1) and/or (f) Dietary services.

a. Failed to document the temperatures of the refrigerators and freezers to monitor if equipment is functioning properly. A temperature log will be placed on all refrigerators and freezers and log temperatures daily by the management by 4/30/24. These will be maintained going forward by management.

5. Violation of CT State Agencies Section 19-13-D6 (c) Administration (1) and/or (m) Administration of Medication (B) and/or CT General Statute 19a-495a (b).

a. No Staff at the facility have current medication administration certificates. At least one person shall take the medication administration course to receive their certificate. More staff will be trained as soon as a course becomes available. The management will find out where and when this course will be available as soon as possible and get at least one person certified by 6/30/24. Certificates will be maintained in a timely fashion moving forward.

6. Violation of CT State Agencies Section 19-13-D6 (c) Administration (1) and/or (c) Administration (5)

a. Medication records failed to reflect documentation of physician orders. The doctors will be informed of the necessity of written medication orders

for all residents. The management will get these orders by 6/30/24 and maintained by the manager going forward.

7. Violation of CT State Agencies Section 19-13- D6 (c) Administration (1)

a. The facility failed to ensure the house rules did not violate Resident rights. 1. Residents expected to be downstairs for 7am, 11am, 4pm and 8pm for medication. 2. Breakfast will be served between 6:30 and 7:30 every morning. Residents expected to be dressed and present at this time. Shoes need to be worn at all times. 3. No food or drinks are allowed in residents rooms. 4. No alcohol or illegal drugs are allowed. No resident is allowed to purchase alcohol from tavern or package store. 5. Residents may not put anything on the wall without approval from management. Bulletin boards may be provided if requested. House rules will be re-written with the violations omitted. This will be done by 4/30/24 by management

8. Violation of CT State Agencies Section 19-13-D6 (c) Administration (1) and/or (f) Dietary services

a. Failed to ensure menus meet nutritional needs and include a variety of alternate meal selections. 1. Menus will include several alternate meals if they do not like what is on the menu. 2. Meals will have more variety and ensure that it is nutritionally balanced. 3. Menus will be available for Residents to review on a daily basis. 4. Dessert is not offered at lunch but is provided at supper. 5. Residents purchase their own coffee, put black tea is available at all times. Management will ensure that the menu is consistant with a variety of meals and by maintained for resident reviews going forward by 5/30/24

9. Violation of CT State Agencies Section 19-13-D6 (c) Administration (1)

a. Facility failed to post recreational calendars and activities offered to the residents. 1. Recreation calendars will be posted and activities offered by 6/30/24. A new employee must be hired to ensure this can be done. This will be done by management as soon as possible.

10. Violation of CT State Agencies Section 19-13-D6 (c) Administration (1) and/or (c) Administration (5)

a. Failed to ensure there were written policies on Smoking and Abuse Prevention. 1. A Smoking policy has been written as of 4/24/24 and a Abuse prevention policy is being written by 5/30/24. These policies will be read by all personnel as soon as they are written and will be reviewed twice per year during our Staff meetings.

11. Violation of CT State Agencies Section 19-13-D6 (c) Administration (1) and/or Administration (5)

a. Power strips were observed in rooms 3,4,6,7,10,11,&12. These will be removed and an electrician will be hired to add outlets to these rooms by 6/30/24. The administrator/maintenance will ensure this is done and will go through each bedroom monthly to be sure this doesn't recur.

b. The facility failed to produce documentation of the sprinkler inspections had been completed in the year 2023. These test have been completed and the documentation has been done. The management will put these inspections on a schedule so they won't get behind again.

c. The fire alarm system was not documented that it had been tested or maintained as required by NFPA. This has been put on a schedule by the management to be completed four times a year. Documentation will be provided by the management going forward.