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*	
Char-Laine Manor	Glenna Fried, LCSW	
15 Ellington Avenue		
Rockville, CT 06066		

Licensure Category:
Residential Care Home — Licensed Bed Capacity: 23 — Census: 23
17666RCH

Date(s) of onsite inspection: 8/20/2024

Date(s) additional information obtained: 8/21/24 and 8/22/24

Personnel contacted: Cheryl Dence, Person-in-Charge
Email Address: clmjune2013@gmail.com

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

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

[X] See Complaint Investigation #40118

[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 9/4/24

[ ] 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:** 8/20/24

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

September 4, 2024

Cheryl Dence, Person-in-Charge
Char-Laine Manor
15 Ellington Avenue
Rockville, CT 06066

Dear Ms. Dence:

An unannounced visit was made to Char-Laine Manor on August 20, 2024 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation, with additional information received through August 22, 2024.

Attached is the violation of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which was 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 September 18, 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 violation and you may be provided with the opportunity to be heard. If the violation is not responded to by September 18, 2024, 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
Healthcare Quality and Safety Branch
Facility Licensing & Investigations Section

KEG:csf

cc. Mairead Painter, LTC Ombudsman Program

Complaint #40118

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

1. Based on review of resident records and interviews for one (1) of three (3) sampled residents (Resident #1), the facility failed to retain Resident #1's record after the resident was no longer residing at the facility. The findings include:
   a. Interview and review of resident records with the Facility Director on 8/20/24 at 9:30 AM reflected there was no resident record on file for Resident #1. The Facility Director indicated there was no resident record for Resident #1 because she had disposed of the record when the facility heard Resident #1 had passed away at the hospital. The Facility Director indicated she was unaware of the facility policy regarding length of time to keep resident records on file. Interview with the Person-in-Charge on 8/20/24 at 9:35 AM identified she was unaware Resident #1's record had been discarded and indicated it was the facility policy for resident records to be kept by the facility and filed away, even after a resident no longer resided at the facility. The Person-in-Charge indicated the expectation was for resident records to be kept at the facility for a minimum number of years after a resident left the facility.

Char-Laine Manor Inc.

15 Ellington Ave.

Rockville, CT. 06066

Approved 9/10/24 KEG

1. The measures that the institution intends to implement, or systemic changes, are to educate all staff members that all medical records are to be kept locked on premises and not discarded, even when a client passes away.
2. The date for the corrective measure or change took place on August 20, 2024.
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 is monitor and do follow ups to be sure that the institution is in compliance with State of Connecticut general statutes for medical records to be kept on file.
4. The administrator and medical director will be responsible for ensuring the institution's compliance to keep all medical records for all clients.