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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
Greystone Retirement Home
44 High Street
Portland, CT 06480

Signature of FLIS Staff
Glenna Fried, LCSW

Licensure Category:
Residential Care Home 1911

Licensed Bed Capacity: 58

Census: 52

Date(s) of onsite inspection: 2/20/25

Date(s) additional information obtained: 2/24/25

Personnel contacted: Jaswinder Singh, Person-in-Charge

Email Address: greystone499@att.net

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 #43019

[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 3/6/25

[ ] 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:** 2/24/25

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

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

March 6, 2025

Jaswinder Singh, Person-in-Charge
Greystone Rest Home Inc
44 High Street
Portland, CT 06480

Dear Mr. Singh:

An unannounced visit was made to Greystone Rest Home Inc on February 20, 2025 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 February 24, 2025.

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 tfourteen 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 March 20, 2025.

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.

CONNECTICUT
Public Health

Phone: (860) 509-7400 • Fax: (860) 509-7543
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
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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 March 20, 2025 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 Karen Gworek, Supervising Nurse Consultant and direct your questions concerning the instructions contained in this letter to the Supervising Nurse Consultant at (860) 509-7472.

Respectfully,

Karen Gworek, RN
Karen Gworek, RN, BSN
Supervising Nurse Consultant
Healthcare Quality and Safety Branch
Facility Licensing & Investigations Section

KEG:lst

c. Mairead Painter, LTC Ombudsman Program

Complaint CT #43019

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (m) Administration of Medications (2)(C) and/or Connecticut General Statute 19a-495(b).

1. 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. Review of the facility documentation with the Admissions and Resource Director on 2/20/25 at 10:30 AM identified five (5) of six (6) staff members (Resident Aides #3, #5, #6, #7, and #8) assisted with medication administration, documented the medications administered in the resident medication administration record, participated in the change of shift-controlled medication count during 2/1/25 through 2/20/25 were not currently medication administration certified, Interview with the Director of Resident Services on 2/20/25 at 11:45 AM identified the staff members who assisted with medication administration at the facility were in the process of completing the Medication Administration Certification course, which was the reason why the staff members did not hold an active medication administration certificate.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (h) General conditions (3).

2. Based on review of facility documentation and interviews, the facility failed to ensure an unusual occurrence was reported to the Department of Public Health via the online portal system within 72 hours. The findings include:
   a. Interview with the Admissions and Resource Director on 2/20/25 at 9:25 AM identified she was informed on 1/17/25 that an incident occurred at the facility, in which the smoke alarm went off and everyone evacuated until cleared to return inside by the fire department following the incident. The Admissions and Resource Director identified there was no actual fire, only smoke on the third floor, from burned food on the stove in the private apartment of three (3) employees that lived on the third floor. The Admissions and Resource Director identified there were no injuries because of the incident and no damage to the building. Interview with the Head of Maintenance on 2/20/25 at 11:40 AM identified he heard the alarms go off and all residents went outside, and he went up to the third floor and saw that there was only smoke, and no flames, coming from the stove area. It was indicated the fire department and Fire Marshall came to the facility and the facility was cleared for the residents and staff to return inside the building. Interview with the Director of Resident Services on 2/20/25 at 11:45 AM with the Admissions and Resource Director present identified the facility did not report the incident to the Department of Public Health via the online portal system because she was unaware of the need to do so and did not have access to the online portal system. Although requested, a copy of the facility policy on Incident Reporting was not provided. Effective December 16, 2024, the Department of Public Health transitioned to a new process for Residential Care Homes to enter Reportable Events through an online portal system and submissions via fax are no longer accepted.

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).

3. Based on observations, review of facility documentation, and interviews, the facility failed to ensure the weekly menus included a variety of meal options and alternative meal selections to accommodate resident preferences. The findings include:
   a. Observations of weekly menu posted on the bulletin board in the hallway by the dining room during tour of the facility on 2/20/25 reflected the menu, titled "Week 2," the alternative options listed to the lunch and dinner meals every day identified either a cold cut sandwich or peanut butter and jelly sandwich. Interview with the Head of the Kitchen and review of Week 1 and Week 2 menus on 2/20/25 at 10:11 AM identified the facility used a two-week menu rotation and the alternative meal option every day for lunch and dinner was either a cold cut sandwich or peanut butter and jelly sandwich and residents would inform him prior to the meal if wanting an alternative. The Head of the Kitchen indicated he was aware there had been concerns from residents about the portions served in the past and worked with residents to accommodate their preferences. Interview with Resident #3 on 2/20/25 at 10:30 AM identified he/she felt the facility had limited variety of meals served and alternative options offered in addition to the main meal. Resident #3 identified wanting more fresh foods on the menus, and have less corn, pork, and beef served. Resident #3 identified although he/she informed the staff of this request he/she did not receive any follow-up. Interview with Resident #4 at on 2/20/25 at 11:00 AM identified he/she wanted heathier food options on the menu, including salad and fresh vegetables. Resident #4 identified there was a two-week rotation of the menus, which was limited, and wanted the facility to offer more variety with the menus, as well as increase the alternative options available. Resident #4 indicated requests were made to the kitchen about requests for more salads and fresh vegetables, but there was no follow-up to the requests. Interview with Resident #5 on 2/20/25 at 12:10 PM identified he/she was not satisfied with the limited alternatives and limited variety in the menus. Resident #5 identified the menus were very repetitive and wanted more fresh fruit and vegetable options, as mostly the fruit and vegetables served were canned or frozen. Resident #5 identified the residents have voiced concerns to staff about the food and there was no consistent follow-up. Interview with the Director of Resident Services on 2/20/25 at 11:48 AM identified she was aware that residents had requested more salads and fresh fruits and vegetables and she had worked with the kitchen staff and residents to make changes with regard to the resident requests.

Approved 3/20/25 KEG

Greystone Retirement Home
Plan of Correction (POC) for complaint #43019
March 20, 2025

- For point 1 – Medication certification

  (1) The measures that the institution intends to implement – Currently we have 4 Med Certified staff members and 5 staff members are in process of getting certified. Recently 2 staff members passed the written exam on February 28 and March 13. The other 3 staff members are going for a written exam on 3/25 and 4/1 so we targeting to have all resident staff members med certified by end of April
  (2) the date each such corrective measure or change by the institution is effective; - Few resident aides are having difficulty of passing it because English is not there first language. However, they are trying their best and we are targeting to get everyone certified by April 31st
  (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; - Yes, we have provided all the material to study and tracking on all the Med Certification to make sure we have valid med certification for all the resident aides
  (4) the title of the institution's staff member that is responsible for ensuring the institution's compliance with its plan of correction. – Harpreet Kaur (Director of Residence Services)

- For point 2 – Written policy on unusual occurrence and Online reporting portal

  (1) The measures that the institution intends to implement – Completed. Please find attached a written policy for reporting and we have reached out to the online portal team to get us access. We have also put the ticket so hopefully we would be able to resolve it asap.
  (2) the date each such corrective measure or change by the institution is effective; Please find the conversation with support team and going forward we are planning to use portals for all the unusual incidents
  (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 – Yes, we are planning to report all the unusual events through portal. Once we get access to the portal.
  (4) the title of the institution's staff member that is responsible for ensuring the institution's compliance with its plan of correction - Jaswinder Singh (Administrator)

- For point 3 – Weekly Menu

  (1) The measures that the institution intends to implement – Completed, please find attached weekly menu for 2 weeks
  (2) the date each such corrective measure or change by the institution is effective; - I had meeting on 3/19 with Kitchen head and our food vendor. We have come to agreement to increase green salad, fresh fruits and soups.
  (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; - Kitchen head is working on the 4week menu and expected to complete by April 5th so we will be going from 2 weeks to 4weeks and including more salad, fresh fruits and soups etc
  (4) the title of the institution's staff member that is responsible for ensuring the institution's compliance with its plan of correction – Kenith Ford (Kitchen Head)

If you have any questions, please contact me directly at 516-417-6123 or jaswinder02@gmail.com. Thank You

Sincerely,

Jaswinder Singh
Administrator
Greystone Retirement Home
44 High St
Portland, CT 06480