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*	
Card Home for the Aged	Glenna Fried, LCSW	
154 Pleasant Street		
Willimantic, CT 06226		

Licensure Category:
Residential Care Home Licensed Bed Capacity: 20 Census: 12

Date(s) of onsite inspection: 7/17/25 and 8/11/25

Date(s) additional information obtained: _____

Personnel contacted: Dawn Bakke, Person-in-Charge
Email Address: thecardhome@yahoo.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 # 45256

[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 9/30/25

[ ] 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:** 8/14/25

[ ] 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

September 30, 2025

Dawn Bakke, Person-in-Charge
Card Home for The Aged
154 Pleasant Street
Willimantic, CT 06226
Via Email: Thecardhome@yahoo.com

Dear Ms. Bakke:

Unannounced visits were made to Card Home for The Aged on July 17, 2025 and August 11, 2025 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a monitoring visit and an investigation.

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 visits. 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 ten 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 October 10, 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

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

1. Based on review of facility documentation and interviews for one (1) of three (3) sampled residents (Resident #1) reviewed for an allegation of staff to resident abuse, the facility failed to honor a resident's right to be reasonable accommodation of individual needs and preferences when a resident's preference for the way facility staff opened the door for the resident was not implemented. The findings include:

a. Interview and review of facility documentation with the Person-in-Charge on 8/11/24 at 9:50 AM indicated in the evening on 7/27/25, Resident #1 went outside the facility for a smoke, rang the doorbell to the facility to be let back in, and when Night Manager #1 came and opened the door for the resident, but the door tapped Resident #1's walker when the door was opened. The Person-in-Charge identified Resident #1 previously requested facility staff open the door by letting Resident #1 grab the handle and then the staff would let go once Resident #1 grabbed the handle, which all staff had been informed of prior to the incident. The Person-in-Charge identified although she did not witness the incident, it was indicated that the way Night Manager #1 opened the door on the evening of the incident was not the preferred method for Resident #1. Review of facility policy with the Person-in-Charge identified residents had the right to be treated with accommodation of individual needs and preferences. Interview with Night Manager #1 on 8/11/25 at 10:40 AM indicated she opened the door for Resident #1 like she normally did for the resident on the date of the incident and declined to provide further information. Interview with Resident #1 on 8/11/25 at 10:56 AM identified he/she rang the bell to have the front door opened after a smoke break on the evening on 7/27/25, Night Manager #1 came to the door, hit the bar to open the door but was looking in the opposite direction when she opened the door and the door swung open and hit into the walker, which then bumped into him/her and made he/she stumbled backward. Resident #1 identified he/she had a preferred method of how staff unlocked and opened the door him/her, Night Manager #1 was aware of the preferred method of unlocking and opening the door, and Night Manager #1 did not unlock and open the door on two (2) separate occasions during the evening on 7/27/25 which resulted in the door hitting against his/her walker. Review of the facility policy on Resident Rights and Responsibilities dated 4/2/24 directed residents will be treated with dignity, respect, and reasonable accommodation of their individual needs and preferences.

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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).**

3. Based on review of documentation and interviews, the facility failed to initiate a thorough investigation of and report an unusual occurrence to the Department of Public Health within seventy-two hours. The findings include:

a. Interview with the Person-in-Charge on 8/11/25 identified an incident occurred at the facility between Night Manager #1 and Resident #1 during the evening on 7/27/25 after Resident #1 went outside for a smoke, rang the front doorbell to be let in by Night Manager #1 since the door was locked, and the door bumped into Resident #1's walker when Night Manager #1 opened the door. Review of facility documentation with the Person-in-Charge on 8/11/25 failed to reflect facility documentation of the incident that occurred between Resident #1 and Night Manager #1 during the evening on 7/27/25. The Person-in-Charge indicated facility policy was for staff-to-resident incidents to be documented, written statements to be obtained, and the documentation to be kept on file. Interview with the Person-in-Charge and review of reportable events on 8/11/25 identified the incident on 7/27/25 between Night Manager #1 and Resident #1 was not reported. The Person-in-Charge identified she was first made aware of the incident the morning after the incident, on 7/28/25, when the police visited the facility. The Person-in-Charge indicated the reason the incident was not reported via the Reportable Event portal because the facility did not consider the incident to be a reportable event. Although requested, a copy of the Incident Reporting policy was not provided.

Plan of Correction (POC)

Approved 10/23/25 KEG

Facility Name: The Card Home for the Aged

Survey Date(s): 7/17/25 & 8/11/25

Regulations Violated: Connecticut State Agencies Section 19-13-D6 (c)(1), (c)(4), (c)(5), and (h)(3)

Citation 1

Violation: Failure to honor Resident #1's right to reasonable accommodation of individual needs and preferences when staff did not follow the resident's preferred method of door entry.

Relevant Rule: Card Home Rule #5 – "Residents are free to enter and exit the building at any time. Please notify the Administrator or Manager on duty when you exit and return."

1. Corrective Measures / Systemic Changes

- All staff will receive mandatory re-education on Resident Rights and The Card Home Rule, emphasizing Rule #5 regarding safe entry and exit.
  - Resident preferences related to safety and access will be documented in the Resident Preference Log and maintained in each resident's file.
  - Staff will be required to review resident preferences at shift change.
  - Manager will observe and audit compliance with Rule #5 and individualized accommodations.

2. Effective Date

- Staff education completed by 10/24/25.
- Resident Preference Log implemented on 10/31/25.

3. Monitoring Plan

- Administrator or designee will audit 5 entry/exit events weekly for 3 months, then monthly.
- Monitoring results will be presented during QAPI meetings.
- Any noncompliance will result in immediate retraining and corrective action.

Citation 2

Violation: Facility failed to honor residents' right to freely enter and exit the building by requiring residents to ring a doorbell and wait for staff to answer.

Relevant Rule: Card Home Rule #5 – "Residents are free to enter and exit the building at any time."

Relevant Rule: Card Home Rule #7 – "For resident's security, only The Card Home staff are responsible for answering the door."

1. Corrective Measures / Systemic Changes

- The facility will continue to balance **resident rights (Rule #5)** with the facility's **security and safety requirements (Rule #7).**
- The **Access Control Rule** will be updated to clearly state that **residents will continue to be let in by a staff member,** as part of maintaining a safe and secure environment for everyone.

- This policy is not new—**it has been in place since admission,** and all residents **acknowledged and agreed to it when signing their Residency agreement.**
- Staff will continue to assist residents respectfully and promptly, ensuring that the process remains smooth, dignified, and focused on resident comfort.
- Visitor entry will remain **staff-controlled,** in accordance with Rule #7, to help ensure the safety and privacy of all residents.

2. Effective Date

- The reaffirmed Access Control Rule will be presented to the **Board of Directors for approval by November 19, 2025.**
- Staff refresher training and resident information sessions will be completed by **December 15, 2025.**

3. Monitoring Plan

- Managers will **observe and document** adherence to the Resident entry protocol weekly for the first 90 days.
- The **Resident Council** will include access and security as a standing discussion item to gather feedback and address concerns.
- All findings and feedback will be reviewed by **QAPI** to ensure continuous quality improvement and transparency.

Citation 3

Violation: Facility failed to initiate a thorough investigation and report an unusual occurrence to the Department of Public Health within 72 hours.

Relevant Rule: Card Home Rule #4 – "To abide by all Card Home Rule and Regulations or directives given by the Administrator or Manager on Duty."

Relevant Rule: Card Home Rule #9 – "The Home's staff may enter your room at reasonable times and for reasonable purposes… The Home is licensed as a Residential Care Home by the State Department of Health and… may inspect the entire Home."

1. Corrective Measures / Systemic Changes

- All staff and managers will be retrained on the Incident Reporting Policy, including the requirement to notify the Administrator and report unusual occurrences to DPH within 72 hours.
- A new Reportable Event Protocol will be adopted to include: documentation, staff statements, investigation, and timely reporting.
- A centralized Incident Log will be created and reviewed weekly.

2. Effective Date

- Staff retraining completed by 10/25/25.
- Incident Reporting Protocol effective 10/13/25.

3. Monitoring Plan

- Quarterly audits will be presented to the QAPI committee.
- Any lapse in reporting will result in immediate staff retraining and administrative review.

Ongoing Oversight

The Administrator will ensure corrective measures are fully integrated into daily practice and consistent with The Card Home Policies. Monitoring and audits will be reviewed during QAPI meetings for one year to confirm sustained compliance with Connecticut State Agency Regulations and The Card Home's policies.

Administrator Signature: _____ Date: 10/14/25

Board of Directors Representative: Paula Carey Shea Date: 14 October 2025