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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Elm Hill Manor LLC
37 Elm St.
Rockville, CT. 06066
M:

Signature of FLIS Staff

Jennifer Flynn RN

Licensure Category: RCH

Licensed Bed ~~Bassinet~~ Capacity: 17

Census: 16

Date(s) of onsite inspection: 4/5/17

Date(s) additional information obtained: _____

Personnel contacted: Nouri Gadomsky, Business Manager; Sheila Lawlor, Supervisor of Nurses

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

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

[ ] See Complaint Investigation # _____

[ ] 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 _____

[ ] 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: Jennifer Flynn RN **DATE OF REPORT:** 4/6/17

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

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Elm Hill Manor, LLC.
37 Elm St.
Rockville, CT. 06066
M:

Signature of FLIS Staff

Jennifer Flynn RN

Licensure Category: RCH

Licensed Bed ~~Bassinet~~ Capacity: 17

Census: 16

Date(s) of onsite inspection: 6/5/17

Date(s) additional information obtained: _____

Personnel contacted: Nadia Gadomsky, Person in Charge; Shirla Lawlor, Supervisor days

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

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

[ ] See Complaint Investigation # _____

[✓] 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 6-19-17

[ ] 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: Jennifer Flynn RN **DATE OF REPORT:** 6/6/17

[✓] Approval for issuance of license granted by: Karen Gwarek RN, SNC **DATE:** 6/7/17
Supervisor/Title

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor

Nancy Wyman
Lt. Governor

Healthcare Quality And Safety Branch

June 19, 2017

Norah Gadomsky, Person-in-Charge
Elm Hill Manor Inc
37 Elm Street
Rockville, CT 06066

Dear Ms Gadomsky:

An unannounced visit was made to Elm Hill Manor Inc on June 5, 2017 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a licensure inspection.

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.

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 July 3, 2017 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

Please address the violation with a prospective plan of correction which includes the following components within fourteen days of the date of this letter:

1. Measures to prevent the recurrence of the identified violation, (e.g., policy/procedure, inservice program, repairs, etc.);

2. Date corrective measure will be effected;

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. Identify the staff member, by title, who has been designated the responsibility for monitoring the individual plan of correction submitted for each violation.

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

Karen Gworek RN
Karen Gworek, RN
Supervising Nurse Consultant
Facility Licensing and Investigations Section

cc: Nancy Shaffer

Connecticut Department of Public Health

Phone: (860) 509-7400 • Fax: (860) 509-7543
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph
Affirmative Action/Equal Opportunity Employer

DATE(S) OF VISIT: June 5, 2017

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

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 (E)(i).

1. Based on record review and interview for one of three sampled residents (Resident #1) reviewed for medication administration, the facility failed to document at the time a medication was administered. The findings include:
   a. Review of Resident #1's May 2107 Medication Administration Record (MAR) identified a physician's order for Lorazepam 1 milligram (mg) to be administered at bedtime (8:00 PM). Upon further review, the MAR failed to reflect documentation the Lorazepam was administered on 5/5, 5/6, 5/7, 5/8 and/or 5/9/17. Although the dates of 5/6/17 and 5/9/17 were circled indicating the medication was refused by the resident, there were no initials of the staff attendant who had administered medications on those days. Review of the controlled drug disposition record for the Lorazepam 1 mg identified the medication was signed out as being administered on 5/5/17, 5/7/17, and 5/8/17 by the same staff attendant. In an interview on 6/5/17 at 2:45 PM the day Staff Attendant stated she recalled that the resident had refused the medication on several days, the circled dates. Interview with the Person-in-Charge identified she had difficulty in the past with the staff attendant not signing off medication that had been administered and the staff attendant was no longer employed at the facility.

ELM HILL MANOR, INC.
37 ELM STREET
ROCKVILLE, CT 06066

August 3, 2017

Approved
8/24/17
KEG.

State of Connecticut

Department of Public Health
410 Capitol Avenue, P.O. Box 340308
Hartford, CT 06134-0308

Attention: Karen Gworek, RN

In regards to our unannounced visit to Elm Hill Manor, Inc. on June 5, 2017. The facility manager will audit the signoff books for all medication and staff signatures when medication is provided. A staff meeting with each employee individually was held on June 9, 2017 to review plans and procedures. The facility manager will do ongoing internal audits of these books to ensure all staff members are signing off as directed. We will continue to have staff meetings regarding the plans and procedures of the requirements for medication and other documents for the facility. The facility manager will continue to monitor this on a weekly basis.

If we can make any other changes we are always willing to improve our facility to run more efficient.

Regards,

Lisa J. Cortese
Facility Manager

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
Elm Hill Manor
37 Elm St
Rockville, Ct 06066

Signature of FLIS Staff
Denise Soja RN

Licensure Category:
RCH

Licensed Capacity: 17 Census: 16
Licensed Capacity: ____ Census: ____

Date(s) of onsite inspection: 8/16/16

Date(s) additional information obtained: ____

Personnel contacted: Norah Gadomski -Owner

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[ ] Licensing Inspection [ ] *Initial* [ ] *Renewal* [ ] *Other*: ____

[ ] Desk Audit ____ [ ] Amended Letter: ____

[ ] Revisit for the purpose of: ____

[x] See Complaint Investigation # 19623

[ ] See Reportable Event Investigation # ____

[ ] See Certification File.

[ ] 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 ____

[ ] 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.

[ ] Referral(s) to ____

EPORT SUBMITTED BY: Denise Soja RN **DATE OF REPORT: 8/16/16**

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor

Nancy Wyman
Lt. Governor

Healthcare Quality And Safety Branch

August 22, 2016

Norah Gadomski, Person-in-Charge
Char-Laine Manor
15 Ellington Avenue
Rockville, CT 06066

Dear Ms Gadomski:

An unannounced visit was made to Elm Hill Manor on August 16, 2016 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation.

There were no violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut noted during the course of the visit.

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

Karen Gworek RN SNC

Karen Gworek, RN
Supervising Nurse Consultant
Facility Licensing and Investigations Section

Complaint #19623

cc: Nancy Shaffer

Connecticut Department of Public Health

Phone: (860) 509-7400 • Fax: (860) 509-7543
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

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*	
Elm Hill Manor, Inc.	**Kibby M. Phillips-Surveyor**	**/Generalist**
37 Elm St.		
Rockville, CT 06066		

Licensure Category:
Residential Care Home — Licensed Capacity: **17** — Census: **17**
_____ — Licensed Capacity: _____ — Census: _____

Date(s) of onsite inspection: **11/4/14**

Date(s) additional information obtained: _____

Personnel contacted: Norah Gadomsky, Person in Charge _____

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[X] Licensing Inspection [ ] *Initial* [X] *Renewal* [ ] *Other*: _____

[ ] Desk Audit _____ [ ] Amended Letter: _____

[ ] Revisit for the purpose of _____

[ ] See Complaint Investigation # _____

[ ] See Reportable Event Investigation # _____

[ ] See Certification File.

[ ] 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 _____

[ ] Citation # _____ was issued to this facility as a result of this inspection.

[X] 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.

[ ] Referral(s) to _____

REPORT SUBMITTED BY: Kibby M. Phillips **DATE OF REPORT:** 11/4/14

[✓] Approval for issuance of license granted by: Karen Kwasek RN BSN **DATE:** 11/5/14
Supervisor/Title

Pg 1 of 1

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH SYSTEMS REGULATION

LICENSING INSPECTION REPORT

Name and Address of Entity
Elm Hill Manor
37 Elm St.
Rockville, CT 06066

Signature of DHSR Staff
Kelly M Phillips, Surveyor Generalist

Licensure Category: Residential Care Home

Licensed Capacity: 17 Census: 15
Licensed Capacity: _____ Census: _____

Date(s) of onsite inspection: 11/22/11

Date(s) additional information obtained: _____

Personnel contacted: Norah Gadomsky, Person In Charge, Sheila Briggs Staff Person

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[✓] Licensing Inspection [ ] *Initial* [✓] *Renewal* [ ] *Other*: _____

Revisit for the purpose of _____

[ ] See Complaint Investigation # _____

[ ] See Reportable Event Investigation # _____

[ ] See Certification File.

[✓] 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 12/1/11.

[ ] 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.

[ ] Referral(s) to _____

REPORT SUBMITTED BY: Kelly M Phillips **DATE OF REPORT:** 11/23/11

[✓] Approval for issuance of license granted by: _____ **DATE:** 12/1/11
Supervisor/Title

P:Lic_RPT.Doc

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

December 1, 2011

Norah Gadomsky, Person In Charge
Elm Hill Manor Inc
37 Elm Street
Rockville, CT 06066

Dear Ms. Gadomsky:

An unannounced visit was made to Elm Hill Manor Inc on November 22, 2011 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a licensure insepection.

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.

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 December 15, 2011 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

Please address the violation with a prospective plan of correction which includes the following components:

1. Measures to prevent the recurrence of the identified violation, (e.g., policy/procedure, inservice program, repairs, etc.).

2. Date corrective measure will be effected.

3. Identify the staff member, by title, who has been designated the responsibility for monitoring the individual plan of correction submitted for each violation.

We do not anticipate making any practitioner referrals at this time.

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

Maureen H. Klett, R.N.C, M.S.N.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

MHK/KP/mk

Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HSR
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

DATE(S) OF VISIT: November 22, 2011

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (4)(A)(B) and/or (c) Administration (5).

1. Based on review of personnel files, the facility failed to maintain documentation of educational in-services on general safety to include fire safety, emergency procedures, resident rights and /or the policies and procedures of the facility. The findings include:

   a. On 11/22/11, review of personnel files for Staff Persons #1, #2, #3, #4 and #5 lacked documentation of educational in-services on general safety, fire safety, emergency procedures and resident rights. Interview with the Person in Charge identified that documentation could not be provided to show any educational in-services were completed in the current year of 2011. Further interview with the Person in Charge identified that it is her intent to implement the appropropriate educational inservices.

DOE accepted 12/27/11 NDD

Elm Hill Manor, Inc.
37 Elm Street
Rockville, CT 06066
860-871-6799

December 10, 2011

State of CT
Dept of Public Health
410 Capital Ave.
Hartford, CT 06134

Date of Visit: November 22, 2011

This letter is to respond to the violation 1.

Sheila Lawlor will be responsible for maintaining the records showing educational inservices, fire safety, emergency procedures, resident rights and the policies of the facility.

Each employee will sign a document showing that they have received a copy of and read the resident rights and policies of the facility.

All inservice programs will be documented on topic, date, time and those in attendance. A copy will be placed in the employees file and also a separate book called educational inservices.

If you have any other questions, please feel free to call 860-871-6799.

Sincerely,

Norah Gadomski