STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

December 1, 2021

Janice Bariffe, Person-in-Charge
Fernwood Rest Home Inc
Torrington Road, Po Box 548
Litchfield, CT 06759

Dear Ms Bariffe:

An unannounced visit was made to Fernwood Rest Home Inc on October 28, 2021 by representatives of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a licensure inspection.

Attached is the violations 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 December 15, 2021.

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 Department of 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
www.ct.gov/dph
Affirmative Action/Equal Opportunity Employer

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 December 15, 2021 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
Facility Licensing & Investigations Section

KEG:csf

c. Mairead Painter, LTC Ombudsman Program

The following is a violation 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).

1. Based on observations, review of facility documentation and interviews, the facility to comply with the state of Connecticut Basic Building Code, all homes for aged and rest homes must comply with the State of Connecticut Fire Safety Code, the National Fire Protection Association - 101 Life Safety Code, the State of Connecticut Labor Laws, local fire safety codes, zoning ordinances, and in cases where private water supply and/or sewerage is required, written approval of the local health officer and environmental health services division of the state of Connecticut department of health must be obtained. Only the most current code or regulation and the most stringent shall be used. The following violations of the Fire Codes referenced below were observed during inspection:

    a. On 10/28/21 at 11:00 AM during document review, the surveyor was not provided with documentation from a Facility Representative to indicate that the maintenance and testing of the facilities sprinkler system has been completed as required by NFPA 1 section 13.3.3.2 i.e.: There were no reports supplied to show that second and third quarter inspections for 2021, and a fourth quarter from 2020 inspection were completed. Also, deficiencies with the Fire Department Connection that were identified on 02/05/21 have not been repaired or scheduled for repair as of the time of this inspection.
    b. On 10/28/21 at 11:00 AM during document review, the surveyor was not provided with documentation from a Facility Representative to indicate that the maintenance and testing of the facilities kitchen hood suppression system has been completed as required by NFPA 1 section 50.5.5
    c. On 10/28/21 at 11:00 AM during document review, the surveyor was not provided with documentation from a Facility Representative to indicate that the cleaning of the facilities kitchen hood has been completed as required by NFPA 1 section 50.5.6.1
    d. On 10/21/21 at 11:00 AM during document review, the surveyor was not provided with documentation from a Facility Representative to indicate that fire drills were completed as required by NFPA 1 section 20.5.2.3.1 i.e.: documentation to show that first and third shift fire drills were completed in the third quarter of 2021.

Approved
3/3/22
KEG

Fernwood Rest Home, Inc.

400 Torrington Road
Litchfield, CT. 06759
(860) 567-9558 Fax: (860) 567-9593

To whom it may concern,

Below is the plan on correction we took into place to stay in compliance with the state and federal regulations.

A. On 10-28-21 Johnson Controls came out and repair FDC due-to failed 5-year hydrostatic testing. On 10-29-21 Fire Alarm technician to trouble shoot why your water pressure switch, on the dry system, didn't report to the panel when tested, in the event the technician determines the switch is faulty/bad, a separate follow up visit will need to occur to replace it with a separate quote.
   On 11-08-21 Tyco came out and inspected the switch and recommended to change it. On 11-09-21 Johnson Controls came out and repaired the system. On 11-16-21 Johns Control came out to repair and test the system again. We are currently in compliance. Starting 10-30-21 the facility will keep a check list of all annual, quarterly and biannual system checks in our environmental binder. The Maintenance department and Administer/Person in Charge will assure compliance.
B. On 11-05-21 Connecticut Fire Equipment Inc came out and did testing of the facility kitchen hood suppression. Starting 10-30-21 the facility will keep a checklist of all kitchen annual, biannual and quarterly system checks. This will be kept in the maintenance environmental book as well as Kitchens files. The Maintenance department, Kitchen supervisor and Administrator/ Person in Charge will assure compliance.
C. On 11-05-21 Connecticut Fire Equipment Inc came out and cleaned the Facilities kitchen hood. Starting 10-30-21 the check list will include kitchen hood being cleaned. This will be kept in the maintenance environmental book as well as kitchens files. The Maintenance department, Kitchen supervisor and Administrator/ Person in Charge will assure compliance.
D. Fernwood developed an outline to keep track of the quarterly months and times of the fire drills conducted. The Maintenance department and Administrator/ Person in Charge will assure compliance.

Sincerely,

Janice Bariffe
Person in Charge
Fernwood Rest Home