STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality And Safety Branch

November 18, 2019

Robin Ucich, Person-in-Charge
Sunny Lodge Guest Home
47 Cedar Grove Avenue
New London, CT 06320

Dear Ms Ucich:

An unannounced visit was made to Sunny Lodge Guest Home on August 13, 2019 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 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.

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 December 2, 2019.

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.

DATE(S) OF VISIT: August 13, 2019

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

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 December 2, 2019 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

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

KEG:mb

cc: Mairead Painter, LTC Ombudsman Program

DATE(S) OF VISIT: August 13, 2019

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 (b) Physical plant (S) and/or (c) Administration (1)(5) and/or (h) General Conditions (6).

1. Based on observations and interviews, the facility failed to provide housekeeping and maintenance repairs to ensure the environment was clean, comfortable, and homelike. The findings include:
   a. During the tour of the facility on 8/13/19 the following were identified:
   On the first floor in the two (2) hall bathrooms and shower room there was a strong urine odor throughout the room, there were no protective covers over the toilet screws at the base, there was no cover over the light fixture above sink, and there was missing wall tile. In the television living room there was a large hole in the wall next to the light switch outlet and thermostat.
   The ceiling tiles had dried water stains and were cracked in the following areas; Rooms #2, #6, #8, #9 and the second floor shower and tub room, the number ranged from three (3) to ten (10) tiles.
   In Room #2 there was no cord attached to the call light fixture.
   On the second floor in the shower and tub room, the sheetrock was open at the bottom portion of the wall near the shower tub and there was no cover on the light fixture located over the vanity sink therefore exposing three (3) light bulbs.
   In the hallway, there were missing bulbs in the wall light fixture making the hallway dim.
   In the hall bathroom there was a strong urine odor, there were no protective covers over the toilet screws at the base, and there was no cover on the light fixture located over the vanity sink therefore exposing one (1) light bulb.
   In the basement, there were no thermometers in all three (3) deep freezers.
   Interview with the Person-in-Charge identified that there was no written cleaning schedule and/or maintenance log to show when areas were last cleaned or repaired. The Person-in-Charge identified that the facility were trying to hire a first shift housekeeping staff.

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

2. Based on review of personnel files and interviews, the facility failed to conduct annual performance evaluations. The findings include:
   a. Review of the personnel files for Staff Persons #1, #2, #4 #5, #6, #7, #8, #9 and #10 failed to reflect documentation that annual performance evaluations were done in 2018 and 2019.
   Interview with the Person-in-Charge identified that there was no documentation to show that annual performance evaluations were completed in 2018 and 2019.

DATE(S) OF VISIT: August 13, 2019

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).

3. Based on review of personnel files and interviews, the facility failed to conduct reference checks, general orientation with the new hires and annual mandatory education in services on all employees in the facility. The findings include:
   a. Review of the personnel files for new Staff Persons #1 and #2 both files failed to reflect documentation that reference checks were obtained prior to the individual being hired and a general orientation was done.
   b. Review of the personnel files for Staff Persons #1, #2, #4 #5, #6, #7, #8, #9 and #10 failed to reflect documentation that annual mandatory in-services had been completed in 2018 and 2019.
   Interview with the Person-in-Charge on 8/13/19 identified that no annual mandatory education in services completed in 2018 and 2019 and the reference checks and general orientation were not conducted with the new hires.

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

4. Based on observations and interviews, the facility failed to post a recreation activities calendar for the residents to view. The findings include:
   a. During a tour of the facility a recreation activity calendar was not posted to show what activities would be held on 8/13/19 or in the month of August. Interview with the Person-in-Charge identified that there was no monthly recreation activity calendar posted in the facility.

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (f) Dietary Service (2).

5. Based on observations and interviews, the facility failed to post the weekly food menu that included the meal alternatives. The findings include:
   a. During a tour of the facility observations identified that there was no weekly food menu with the alternate meals posted for the residents. Interview with the Person-in-Charge identified there was no weekly food menus with meal alternatives posted in the facility.

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (b) Physical plant (S) and/or (c) Administration (1) and/or (g) General Conditions (9).

6. Based on review of facility documentation and interviews, the facility failed to ensure that the fire extinguishers, the fire alarm system and the generator system was serviced on a monthly and/or semi-annual basis according to the State of Connecticut Fire Safety Code requirements.

DATE(S) OF VISIT: August 13, 2019

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

The findings include:

a. During the facility tour and review of facility records on 8/13/19 identified that the fire extinguishers failed to reflect documentation they were checked monthly.

b. Review of facility records failed to reflect documentation that the fire alarm system was inspected and serviced on a semi-annual basis.

c. Review of the facility records failed to reflect documentation that the generator was inspected and serviced on a semi-annual basis, the last service was on 5/24/18. Interview with the Person-in-Charge identified the problems.

Approved
12/15/19

RECEIVED
DEC 16 2019
DEPT. OF PUBLIC HEALTH
FACILITY LICENSING & INVESTIGATIONS SECTION

Sunny Lodge

47 Cedar Grove Avenue

New London, Ct. 06320

(860)442-3568

December 1, 2019

Sunny Lodge Plan of Correction

[redacted]

Supervising Nurse Consultant

Facility Licensing and Investigations Section

In response to August 13, 2019 inspection at Sunny Lodge Residential Care Facility please note the following.

1.a. At the time of the inspection, Sunny Lodge only had one housekeeper. Our alternate housekeeper could not come to work until 1:00pm that day. Not one day went by without a housekeeper. The third shift is also responsible for cleaning and mopping all bathrooms during their shift. To make sure bathrooms are cleaned by all shifts, a bathroom cleaning log has been designed. Staff must now sign off when bathroom cleaning is completed . Person in charge will start a new log monthly and communicate with head housekeeper during the week to be sure bathrooms are being cleaned. This was completed December 10, 2019.

New toilet screw covers installed on all toilets, caulked in place. A check list has been designed for our head of maintenance and communication with head housekeeper on a daily basis.

Met with our electrician on December 6, 2019. If he cannot replace the cover for the light fixture in the bathroom, then the whole fixture will be replaced. Person in charge and head maintenance will be responsible. Completion January 2020.

Missing wall tile repaired by head of maintenance. December 9, 2019.

Holes in wall were caused by a resident taking lock box off the wall that covered the thermostat. Holes have been filled and repaired. Maintenance and housekeeping will communicate daily, each room in the building is on the maintenance check list. Head of maintenance completed this December 10, 2019.

All ceiling tiles in rooms 2, 6, 8, 9 and large second floor bathroom have been replaced. Maintenance checklist will list all ceiling tiles in all rooms throughout the building. Housekeeping and maintenance will communicate daily. Completed December 9, 2019.

New cord was attached to the call light fixture in Room #2. Call light fixtures have been added to the maintenance weekly checklist. Completed December 6, 2019

Second floor bathroom sheetrock has been replaced by maintenance. December 6, 2019.

Both light fixtures on the second floor bathrooms are designed to have no cover. The fixture is called "Hollywood" light fixture. The fixture is sold that way, it gives excellent lighting which the residents need and the bulbs are shatter proof. I purchased the fixtures at an electrical lighting store.

All fixtures on the second floor's hallway are working except for one. Rather than repair the unit fixture will instead be totally replaced. Sunny Lodge has purchased the new fixture and our electrician is expected to replace the fixture in January

2020. All other 2nd floor hallway fixtures are in working condition with new bulbs and the hallway is very bright and safe for residents. Maintenance and housekeeping will be responsible for all light bulb changes and light bulb status is now on the maintenance checklist.

All three freezers in the basement have thermometers. All freezer thermometers have a string attached to them now so they can be found for staff use and in the event of an inspection- Completed 12/19.

2.a.Annual personnel job evaluations will now be completed every December. Evaluations will be done by the person in charge. Completed December 2019.

3.a. References are done on all new hires. Staff person #1 worked for the pharmacy Sunny Lodge uses for resident prescriptions- Genoa Pharmacy. I spoke with the pharmacist myself and #1 was given excellent references from his current employer upon hiring. Staff person #2 came highly recommended by a trusted current employee of Sunny Lodge. Written documentation was not written on their files, going forward all reference information will be documented in the new hires file. Person in charge will be responsible for documenting all reference checks on new hires.

b. All staff will receive the annual mandatory in-service and all personnel files will be documented to show in-services were performed. General orientation is completed with all new hires and a list of job duties is given to each new hire. This will be completed by the person in charge. Completion date January 2020.

4.a. Due to lack of interest and financial hardship Sunny Lodge no longer has an employee who does recreation with residents. We still do barbeques in warm weather and this month we are doing a Christmas tree decorating evening.Unfortunately Sunny Lodge can no longer afford a dedicated recreational staff member. Cost of living expenses continue to rise for our business, but our

facilities have been on a freeze. Sunny Lodge struggles to make payroll every month. Those who are on payroll are there for resident care and safety.

5.a. Weekly menu was not posted on bulletin board at time of inspection due to person in charge not posting them. Person in charge was wrong to take menus home to work on them. Alternative meal and monthly menu list now clearly posted on dining room bulletin board. Daily menu is displayed on white board every morning as well. Person in charge is responsible. Plan implemented as of 12/19.

Fire extinguisher tags now signed and dated monthly on monthly fire drill day. Person in charge is to oversee employee who conducts fire drills. Implemented 12/19.

Generator runs auto test every Wednesday automatically and full load test monthly. Serviced twice a year. Sunny Lodge was only servicing generator annually to save money. A new generator service company has been hired and will come out twice a year automatically. Person in charge is responsible for generator service. Completed December 2019 next service June 2020.

Fire alarm is serviced by ASP of Waterford, Ct. Sunny Lodge has met all requirements by law. During inspection there was a lot of commotion from new residents and I think our proof was lost during the visit. Enclosed with Plan of Correction is Sunny Lodge's contract with ASP.

Thank you,

Robin Ucich

Robin Ucich, Person-in-Charge, Sunny Lodge RCF