2017

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 Survey Staff*	
Teresa Rest Home	**Kibby M. Phillips**	**Generalist/Surveyor**
57 Main St.		
East Haven, CT 06512		

Licensure Category:	Licensed Bed/Bassinet Capacity:	Census:
__ RCH_____	**___22_____**	**_20___**

Date(s) of onsite inspection: _____2/7/17 & Fire Safety Inspection _____

Date(s) additional information obtained: _____

Personnel contacted: _____ Doreen S. Esposito, Person in Charge _____

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[X] Licensing Inspection [ ] *Initial* [X] *Renewal* [ ] *Other*: (e.g. Strike)_____

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

[ ] See Complaint Investigation # _____

[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 2/15/17

[ ] Desk Audit _____ [ ] Amended Letter date: _____

[ ] 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.

[ ] Referred to: _____.

REPORT SUBMITTED BY: _Kibby M. Phillips_____ DATE OF REPORT: ___2/10/17_____

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

February 15, 2017

Doreen Esposito, Person-in-Charge
Teresa Rest Home Inc
57 Main Street
East Haven, CT 06512

Dear Ms Esposito:

An unannounced visit was made to Teresa Rest Home Inc on February 7, 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 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.

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 1, 2017 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

Please address each 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

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 SNC

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

KEG:mb
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

DATE(S) OF VISIT: February 7, 2017

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).

1. Based on review of personnel files, the facility failed to ensure that educational in-services on general safety to include fire safety, emergency procedures, resident rights and/or the policies and procedures were conducted annually. The findings include:
   a. On 2/7/17, review of personnel files for Staff Persons #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10 failed to reflect documentation that educational in-services on general safety, fire safety, emergency procedures and resident rights were conducted for the year of 2016. Interview with the Person-in-Charge identified there was no documentation to reflect the mandatory educational in-services were completed in 2016.

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (f) Dietary services (2).

2. Based on observations and interview, the facility failed to post weekly food menus including the meal alternatives. The findings include:
   a. On 2/7/17, during the tour of the facility, observations failed to reflect that the weekly food menu with meal alternatives was posted. Interview with the Person-in-Charge identified the observation.

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 (c) Administration (5).

3. Based on record review and interview, the facility failed to ensure that the fire extinguishers and the generator system were maintained on a monthly basis according to the State of Connecticut Fire Safety Code requirements. The findings include:
   a. On 2/7/17, during the facility tour and review of facility records identified that all fire extinguishers were last serviced and inspected by an outside maintenance company in March 2016. Interview with the Person-in-Charge identified the problem.
   b. On 2/7/17, review of facility records failed to reflect documentation that the generator was tested monthly on full load for 30 minutes. Further review of the facility's generator log records identified that the generator system was tested every other month. Interview with the Person-in-Charge identified the problem.

Teresa Rest Home
57 Main Street
P.O. Box 120313
East Haven, CT 06512
Phone: 203-467-0836
Fax: 203-467-0849
Email: teresaresthome@sbcglobal.net

Approved 2/24/17 KEG

Doreen Esposito, RN

Administrator

February 22, 2017

Karen Gworek, RN, SNC

Supervising Nurse Consultant

410 Capital Ave

Hartford, CT 06134-0308

Dear Ms. Gworek,

In response to your recent notice regarding facility violations:

1. In response to the educational in-services with the staff, effective immediately on the third Wednesday of every month at 3:00 pm an in-service will be held. The in-service will be run by myself Doreen Esposito. All staff will be required to sign the in-service attendance sheet.
2. Posting of meals with alternatives was being posted daily on a dry erase board. Since the interview, a weekly menu was placed on the board for residents. Since 2-21-2017 a clear plastic folder was placed under the dry erase board with 8 weeks of menus placed inside. The kitchen staff will be responsible to discard the old menu leaving the current menu on top.
3. A. As of February 8,2017, Donald LeBlanc the fire drill company inspector will check the fire extinguishers monthly when pulling the fire drills for Teresa Rest Home.
   B. The generator was malfunctioning at the time of the interview. The problems have since been fixed. Nelson Preston has agreed to check the running of the generator on a weekly and monthly basis. He has been instructed by North East Generator on how to run a weekly 'test' to ensure that the generator runs correctly. This testing is done every Thursday morning at 6:30 am. The monthly running of the generator on "full load" will be done on the third Monday of every month for 30 minutes.