2016

5010

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

White Oak Manor
688 Main St
Southbury, CT 06488

Signature of FLIS Staff

Jennifer Flynn

Licensure Category:
Residential Home

Licensed Capacity: 16 Census: 11
Licensed Capacity: ____ Census: ____

Date(s) of onsite inspection: 5/19/16

Date(s) additional information obtained: ____

Personnel contacted: Maryluz Marcado, Manager

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 17709

[ ] 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 ____

REPORT SUBMITTED BY: Jennifer Flynn **DATE OF REPORT:** 5/20/16

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

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

May 31, 2016

Brain Cleary, Person-in-Charge
White Oak Manor
688 Main Street
Southbury, CT 06488

Dear Mr. Cleary:

An unannounced visit was made to White Oak Manor on May 19, 2016 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting 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 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 June 14, 2016 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. 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,

Karen Gworek RN SNC

Karen Gworek, R.N., B.S.N.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

KEG:jf

Complaint #17709

cc: Nancy Shaffer

Keeping Connecticut Healthy
DPH
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 OF VISIT: May 19, 2016

THE FOLLOWING VIOLATIONS 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 (b) Physical plant (B) (2) (4) (5).

1. Based on observations and interviews for two of three residents, the facility failed to ensure the residents were provided with a closet, dresser, nightstand and chair according to the regulations. The findings include:
    a. During tour of the facility with the Manager on 5/19/16 at approximately 9:30 AM a second floor bedroom was observed to be assigned to three residents. The room measured approximately fifteen (15) feet by fifteen (15) feet. The room contained three beds and one bureau with a mirror. The room failed to contain a closet for each person and/or other adequate storage for clothing and belongings. The three residents' belongings were piled in stacks on the floor leaving a pathway to the door.
    b. Tour of the first floor identified in Room #3 had two (2) residents. The room contained one small portable closet and although there were two bureaus in the room the drawers were noted to be broken and hanging.

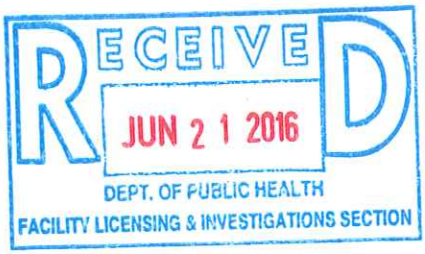
The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (f) Dietary service (1).

2. Based on observations and interviews, the facility failed to ensure thermometers were located in the freezer and refrigerators. The finding include:
    a. During tour of the basement on 5/19/16 at 9:20 AM, two freezers and a refrigerator with a freezer were identified to not contain thermometers to ensure acceptable storage temperatures.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (b) Physical plant (Q).

3. Based on observations and interviews, the facility failed to ensure that more than two residents occupied a bedroom. The findings include the following:
    a. During tour of the facility with the Manager on 5/19/16 at approximately 9:30 AM, a second floor bedroom was observed to be assigned to three men. The occupancy number above the doorway indicated two (2) residents shared the one room.

WHITE OAK MANOR



June 16, 2016

Karen Gworek, R.N. B.S.N.

Supervising Nurse Consultant

Facility Licensing and Investigations Section

Dear Miss Gworek:

An unannounced visit was made to White Oak Manor on May 19 2016 by a representative of the Facility

And Investigation Section of the Department of Public Health. Complaint number #17709

Attached are the prospective plan of correction

If there are any questions, please do not hesitate to contact this facility at 203-757-1228.

Respectfully,

Brain Cleary, Person –in-charge

Tel: (203) 264-5491 • Fax (203) 264 – 8118 • 688 Main Street North • Southbury, CT 06488

WHITE OAK MANOR

Approved 6/23/16 KEG

RECEIVED JUN 21 2016 DEPT. OF PUBLIC HEALTH FACILITY LICENSING & INVESTIGATIONS SECTION

FACILITY: White Oak Manor

DATE OF VISIT: May 19, 2016

THE FOLLOWING VIOLATIONS 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 (b) Physical plant (B) (2) (4) (5).

1. Based on observations and interviews for two of three residents, the facility failed to ensure the residents were provided with a. closet, dresser, nightstand and chair according to the regulations. The findings include:
   a. During tour of the facility with the Manager on 5/19/16 at approximately 9:30 AM a second floor bedroom was observed to be assigned to three residents. The room measured approximately fifteen (15) feet by fifteen (15) feet. The room contained three beds and one bureau with a mirror. The room failed to contain a closet for each person and/or other adequate storage for clothing and belongings. The three resident belongings were piled in stacks on the floor leaving a pathway to the door.

The Residents were provided with adequate storage for clothing and belongings , in good working condition.

The corrective measures were in place By July 15, 2016.

[redacted], person in charge.

   b. Tour of the first floor identified in Room #3 had two (2) residents. The room contained one small portable closet and although there were two bureaus in the room the drawers were noted to be broken and hanging.

The Residents were provided with adequate storage for clothing and belongings , in good working condition.

The corrective measures were in place By July 15, 2016.

[redacted], person in charge.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (f) Dietary service (1).

2. Based on observations and interviews, the facility failed to ensure thermometers were located in the freezer and refrigerators. The finding include:
    a. During tour of the basement on 5/19/16 at 9:20 AM, two freezers and a refrigerator with a freezer were identified to not contain thermometers to ensure acceptable storage temperatures.

The Refrigerator and freezer were provider with thermometers.

The corrective measures were in place By July 15, 2016.

[redacted], person in charge.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (b) Physical plant (0).

3. Based on observations and interviews, the facility failed to ensure that more than two residents occupied a bedroom. The findings include the following:
    a. - During tour of the facility with the Manager on 5/19/16 at approximately 9:30 AM, a second floor bedroom was observed to be assigned to three men. The occupancy number above the doorway indicated two (2) residents shared the one room.

The occupancy number above the door now indicates three residents.

The corrective measures were in place By July 15, 2016.

[redacted], person in charge.