Section 3

2019

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Evergreen Woods ALR
88 Notch Hill Rd
North Branford CT 06471
M: Shape
Ph 203-488-8000 Fax 483-3258

FLIS Staff

Melissa J. Sanfacon RN Nurse Consultant

Licensure Category:

Assisted Living

Licensed Bed Capacity: _____ Census: _____

Date(s) of onsite inspection: 01/31/19

Date(s) additional information obtained: _____

Personnel contacted: Diane Nesci RN, SALSA, Blair Quasnitschka Ed
Sue Beaudin RN Designee

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

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

[X] See Complaint Investigation # 24935

[ ] 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.

[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.

[ ] See Certification File.

[ ] Referral(s) to _____

REPORT SUBMITTED BY: Melissa J. Sanfacon RN **DATE OF REPORT:** 01/31/19

[X] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 2-4-19
Supervisor/Title

Scanned

ENTITY: Evergreen Woods

DATE(S) OF VISIT: 01/31/19

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 59

Number of home visits: 2 Number of records reviewed: 3

SALSA: Diane Desci RN

SALSA Designee: Susan Beaudin RN

Home health care contracts/contracts:

Homecare or Hospice

Name: VNA Community Health Care

Address: 753 Boston Post Rd Suite 200 Guilford CT 06437

Phone: (203) 458-4200

Name:

Address:

Phone:

Managed Residential Community visited: Evergreen Woods

Service Coordinator: Julie Franson

Policy review was done relative to record reviews and/or violations cited as appropriate. ✓

Rev.7/04-

SIGNATURE: Melissa J Sanfilippo

DEPARTMENT OF PUBLIC HEALTH
HOSPITAL AND MEDICAL CARE DIVISION

INSPECTION MATERIALS CHECKLIST
ASSISTED LIVING SERVICES AGENCY

Assisted Living Services Agency Evergreen Woods

Address 88 Notch Hill Rd.

City North Branford State CT Zip Code 06443

The Inspection Materials Checklist is to be used to identify any new or revised agency materials since the last licensure inspection. Please complete as appropriate for your agency and have any materials so identified available for review.

Agency Materials	New	Revised
BY-LAWS OR RULES OF ORDER		
POLICIES/PROCEDURES		
Client Care Policies/Procedures		
o Admission		
o Assisted Living Aide Program		
o Discharge		
o Emergency		
o Administration of Medications		
o Complaint Procedure		
Nursing Service		
PERSONNEL POLICIES-for the assisted living services agency		
Orientation		
In-service education		
Required health examinations		
Annual performance evaluation policy		
Job description-supervisor of assisted living services		
Job description-assisted living aide		
QUALITY ASSURANCE PROGRAM/PLAN		
BILL OF RIGHTS		
PUBLIC INFORMATION MATERIALS		

PLEASE IDENTIFY ANY OTHER NEW MATERIALS DEVELOPED

NO changes

Supervisor of Assisted Living Services Signature: Diane Wasiko

Date: 1/31/19

DPH
Connecticut Department of Public Health

ASSISTED LIVIN[illegible]RVICES AGENCY
AIDE PERSO[illegible]NEL REVIEW

OK

*Please Note:
1. Orientation should include emergency medical procedure 19-13-D105(e)(II)
2. Bimonthly means every other month

AGENCY: Evergreen Woods ALSA TOWN: North Branford

MANAGED RESIDENTIAL COMMUNITY: TOWN: DATE: 01/31/19

NAME (Agency Aide Personnel) If contracted personnel, identify as such	DATE EMPLOYED	(i)(2) ORIENT 10*	BASIC H-HHA	(f)(2)(B) NURSES AIDE	STUDENT NURSE	(f)(1)(E) PRE-EMPLOY & ANNUAL	TBC	(f)(1)(C) EVAL. ANNUAL	(f)(1)(B)(i) INSERVICE ATTENDANCE BI-MONTHLY	(i)(2) COMPETENCY TEST DATE	ABCMS	COMMENTS
Sabrina Demarco	8/2/17	✓		✓		✓	✓	✓	✓	17+18	✓	
JD + offer letter			CT	NA 09130	ISLE	no free from						
			X 7/19									
Michelle Wyatt	10/2/17	✓		✓		✓	✓	✓	✓	17+18	✓	
JD + offer letter				NA 912996	98	no free from						
				X 9/19								
Chaston Sibley	8/2/17	✓		NA		✓	✓	✓	✓	17+18	✓	
JD + offer letter				8444933		no free from						
				X 8/19								

CHOW Nov 2016 — changed agency who did PE - try to get form & "free from"
Will obtain "free from communicable disease statements now & going forward