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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
Fernwood Rest Home, Inc
Torrington Road, PO Box 548
Litchfield, CT 06759

Signature of FLIS Staff
Glenna Fried, LCSW

Licensure Category:
Residential Care Home

Licensed Bed Capacity: 68

Census: 61

Date(s) of onsite inspection: 8/8/2024

Date(s) additional information obtained: _____

Personnel contacted: Jennifer Miller, Acting Person-in-Charge
Email Address: administrator@fernwoodrch.com

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

[ ] Visit **OR** Revisit for the purpose of reviewing the Plan of Correction for the violation letter dated

[X] See Complaint Investigation #39418

[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 9/4/24

[ ] Desk Audit _____ [ ] Amended Letter: _____Original Ltr._____

[ ] 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.

[ ] Referral(s) to _____

REPORT SUBMITTED BY: Glenna Fried, LCSW **DATE OF REPORT:** 8/8/24

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

LICENSING INSPECTION NARRATIVE REPORT:

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

September 4, 2024

Patricia Adkins, Person-in-Charge
Fernwood Rest Home Inc
Torrington Road, P.O. Box #548
Litchfield, CT 06759

Dear Ms. Adkins:

An unannounced visit was made to Fernwood Rest Home, Inc, on August 8, 2024, 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. 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 September 18, 2024.

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
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

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 violations and you may be provided with the opportunity to be heard. If the violations are not responded to by September 18, 2024, or if a request for a meeting is not made by the stipulated date, the violations 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
Healthcare Quality and Safety Branch
Facility Licensing & Investigations Section

KEG:csf

cc. Mairead Painter, LTC Ombudsman Program

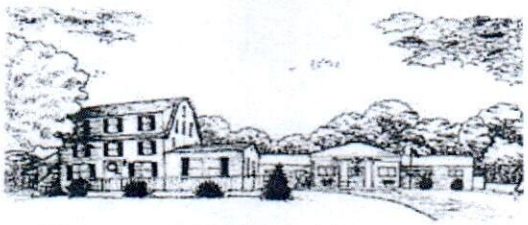
Complaint #39418

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

1. Based on observations, review of facility policy, and interviews, the facility failed to ensure the weekly menus included a variety of alternative meal selections. The findings include:
   a. Observations during a tour of the facility on 8/8/24 of the alternate meal sign-up sheet posted on the bulletin board in the hallway by the nurse's station reflected three (3) alternative meal options to the dinner time meal on 8/8/24. There were three (3) columns with the alternative options listed on the sign-up sheet, which included grilled cheese with chips and pickles, chef salad with choice of dressing, and peanut butter and jelly sandwich with chips. Interview with Cook #1 at the time of observations identified the alternative meal selections to the daily menus included three (3) alternative options: peanut butter and jelly sandwich, grilled cheese sandwich, and chef salad and there was no alternative hot meal offered any longer due to the current budget. Review of facility Dining Policy identified that meal substitutions would be listed on the Daily Menu sheet posted on the bulletin board by the nurse's station. Interview with Resident # 2 on 8/8/24 at 9:40 AM identified he/she felt the facility had limited variety and alternative meal options offered in addition to the main meal. Resident #2 indicated in the past a full alternative hot food option was offered at meals. Interview with Resident #3 on 8/8/24 at 10:00 AM identified the same three (3) alternatives were offered for both lunch and dinner and he/she wanted the facility to offer more of a variety with the menus, as well as increase the alternative options available. Resident #3 identified he/she wanted an alternative hot meal to be offered during mealtimes.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (c) Administration (5).

2. Based on observations and interviews, the facility failed to ensure the environment was maintained in a clean, comfortable, and homelike manner. The findings include:
   a. Interview with Resident #2 on 8/8/24 at 9:40 AM indicated the sheets and towels provided by the facility were stained and ripped. Interview with Housekeeper #1 on 8/8/24 at 10:36 AM identified linens and towels were provided by the facility and washed on site by the facility staff and some of the linens and towels provided were old and showed signs of wear. Observations of the linen storage closet during a tour of the facility on 8/8/24 at 10:50 AM with the Person-in-Charge identified small, brownish-colored stains on clean and folded white sheets and fraying around the edges of towels.



Approved 9/18/24 KEG

Fernwood Rest Home, Inc.
Residential Care Home
400 Torrington Rd. PO Box 548
Litchfield, CT 06759
P: 860-567-9558 F: 860-567-9593

September 17, 2024
Re: Unannounced visit on August 8, 2024 Complaint #39418
Plan of Correction:

Please accept the following plan of correction in response to the violations noted during the unannounced visit made to Fernwood Rest Home, Inc. on August 8, 2024.

Violation I: Violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (f) Dietary Service (1) (2).
Facility failed to ensure the weekly menus included a variety of alternative meal selections.

Plan of Correction:
Additional alternative menu options will be added to the lunch and dinner menu options.

Steps to be taken to achieve this correction:

- The Person in Charge will meet with the head cook to discuss the weekly menus and identify a plan to incorporate a variety of alternative menus options to be added to the lunch and dinner menu options. – *Completed on September 16, 2024.*
- The plan and implementation date will be presented to the resident council on September 19, 2024.
- The updated weekly menus to which will include additional alternative menu options will be implemented on Monday September 23, 2024. This allows time to finalize the menus and order and receive the additional food needed to support this change.
- The updated alternative menus will continue to include three options a sandwich, a salad and a hot meal (meat, starch and vegetable) However, the options will variety from day to day and meal to meal. Providing variety for each meal in the day and variety from day to day.
- The Person in Charge will monitor the menus and work with the head cook/Kitchen Manager to ensure a variety continues to be provided.

Violation II: Violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (c) Administration (5).
Facility failed to ensure the environment was maintained in a clean, comfortable, and homelike manner.

Plan of Correction:
Linens (including towels, washcloths, pillowcases, sheets and blankets) will be replaced as needed.

Steps to be taken toward achievement:

- The person in charge will meet with the Maintenance Supervisor to determine inventory of new items to replace the items determined to need to be discarded. - *Completed on September 16, 2024*
- The current supply of linens will be gone through discarding all that are torn, frayed, stained or otherwise in ill repair. – *Completed on September 17, 2024*
- Inventory will be reevaluated to determine the additional quantity needed to be purchased to replace the discarded items. – *To be completed by September 19, 2024*
- New towels and Washclothes were added to the supply available to the residents for use and new towels and pillowcases were ordered on September 16, 2024
- It will be determined following the transition of ownership if the linens will continue to be provided directly by Fernwood Rest Home, Inc. or if a linen service will be introduced. – Date of determination continent on finalization of the transition of ownership, no later than December 1, 2024.
- Monthly inventory of quality and quantity will be implemented to be completed by the housekeeping or aides on duty.
- The person in charge will monitor completion of the inventory and assist with replacement as needed.

The Person in Charge will be responsible for the implementation and assurance of continued compliance with the set forth plan of correction as identified in this document.

Respectfully,

Jennifer Miller
Person in Charge
Fernwood Rest Home, Inc.