

2017

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

Page 1 of ____

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Signature of FLIS Staff

West Hartford Health + Rehab
130 Loomis Drive
West Hartford 06107
M: _____

[Signatures]
Charmel and Rose
Doreen
Maria Elena Legend
Ed BFs IT

Licensure Category:

Licensed Bed

Census:

CCNH

Bassinet Capacity:

160

132

Date(s) of onsite inspection: 1/9/17, 1/10/17, 1/11/17, 1/12/17

Date(s) additional information obtained: _____

Personnel contacted: Theresa Sanderson Adm, Helen Sullivan ONS.

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

[] Visit OR Revisit for the purpose of _____

☒ See Complaint Investigation # 20065, # 20221, 1950 6

☒ 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 1.24.17

[] 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: _____ DATE OF REPORT: _____

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

INTRAVENOUS THERAPY PROGRAM REVIEW
IN ACCORDANCE WITH THE PUBLIC HEALTH CODE OF THE STATE OF CONNECTICUT
SECTION 19-13-D8u

Facility: West Hartford Health + Rehab	Address: 130 Cozmo's Dr. West Hartford, CT 06107
Inspected by: JL622	Date: 1/12/17

Area of review	MET	NOT MET	N/A
1. IV therapy prohibited unless ordered by a physician or other provider with prescriptive authority.	✓		
2. Written policies and procedures are developed that ensure safe care for all patients including:	✓		
a. Objectives/Goals/Scope	✓		
b. Names/Titles/Duties/Responsibilities	✓		
c. Education/Training/Supervision/Competencies	✓		
d. Physician Orders	✓		
e. Safe administration/monitoring/documentation and termination of therapy	✓		
f. Preparation, labeling, and handling of IV admixtures	✓		
g. Procurement, maintenance and storage of equipment and solutions	✓		
h. Recognition of signs and symptoms of complications including sepsis	✓		
i. Infection control, surveillance, review and prevention of infections	✓		
j. Quality management, review, safety and effectiveness	✓		
k. Only physician/extender and/or credentialed R.N. may remove central vein access	✓		
l. Prohibit blood draws, IV push, without waiver	✓		
3. IV Therapy Nurse based on physician order may;			
a. Initiate venipuncture in a peripheral vein and administer IV fluids and/or admixture into vein	✓		
b. Deliver IV fluid and/or admixture into central vein access.	✓		
4. Licensed nurses deliver IV fluids, admixtures, monitor, care for site, terminate procedure and record events and observations.	✓		
5. IV log is maintained including outcome of therapy and any complications.	✓		
6. IV supplies are maintained in accordance with policy minimums.	✓		

Revised 8/2015

IV @ evaluation + annually
 services 4/16 IVs
 10/16 TPN
 1/17 Dating + Labeling + us
 QA observations

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

January 24, 2017

Ms. Theresa Sanderson, Administrator
West Hartford Health & Rehabilitation Center
130 Loomis Drive
West Hartford, CT 06107

Dear Ms. Sanderson:

Unannounced visits were made to West Hartford Health & Rehabilitation Center concluding on January 12, 2017 by representatives of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting multiple investigations, a licensure inspection and a certification survey.

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 visits.

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 February 7, 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
4. 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,

A handwritten signature in black ink that reads "Cher Michaud".

Cher Michaud, R.N.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

CEM:jf

Complaints #20065, #20221 and #19506



Phone: (860) 509-7400 • Fax: (860) 509-7543
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

DATES OF VISIT: January 9, 10, 11 and 12, 2017

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-D8t (j) Director of Nurses (2) and/or (k) Nurse Supervisor (1) and/or (o) Medical Records (1).

1. Based on clinical record review, review of facility documentation, review of facility policy, and interviews for one of three sampled residents reviewed for accidents (Resident #131), the facility failed to ensure that the medical record was complete and accurate. The findings include:
 - a. Resident #131's diagnoses included dementia with behavioral disturbance.

The quarterly MDS assessment dated 11/9/15 identified Resident #131 had a Brief Interview for Mental Status (BIMS) score of 3 out of fifteen, indicative of severe cognitive impairment and required extensive assistance of one person for transfers and toilet use. The Resident Care Plan (RCP) dated 11/30/15 identified a history of falls with interventions directed to offer rest periods in afternoon and self-locking wheelchair brakes. The nurse's note dated 1/20/16 at 3:10 PM identified that Resident #131 was lowered to floor by a nurses' aide in the bathroom and Resident #131 complaint of leg pain. Same note further identified that the Advanced Practice Registered Nurse (APRN) was notified of the incident at 11:00AM and the family was notified at 2:39 PM. APRN notes dated 1/20/16 at 4:01 PM identified that Resident #131 fell in AM without injury, right ankle tenderness. Additional nurses' notes dated 1/20/16 at 11:58 PM indicated Resident #131 complained of right leg pain and tramadol was given without effect. Nurses' notes dated 1/21/16 at 8:24 AM identified Resident #131 with severe pain to the right foot/ankle and an x-ray ordered. Review of facility documentation indicated Resident #131 was lowered to floor by staff (NA #3) when his/her knee buckled in the bathroom and Resident #131 complained of bilateral knee pain. Review of the radiology report dated 1/21/16 identified Resident #131 had a slightly displaced oblique fracture of the distal fibula. In an interview and review of Resident #131's clinical record with Registered Nurse #1 on 1/11/17 at 1:00 PM she indicated that Resident #131 complained of pain to bilateral knees and was lowered to floor by a nurses' aide. RN #1 further indicated that a nursing assessment might have been done at the time resident was removed from the floor however she could not locate any documentation identifying an assessment at time of incident. During an interview and clinical record review with the Director of Nursing on 1/11/17 at 2:05 PM, she indicated that all nursing assessments should be documented in the electronic clinical record however she was unable to locate documentation of Resident #131's assessment at time the resident was lowered to floor. DON indicated that an assessment was completed by the APRN however documentation indicated it was completed a few hours after the incident and not prior to resident been transferred from floor by nursing staff. Facility staff was unable to provide documentation to reflect that a nursing assessment was completed and/or documented in resident clinical record prior to moving resident from floor after resident complain of pain to bilateral lower extremity and was lowered to floor by a

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THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT
STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES
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nurses' aide.

An attempt to conduct an interview with NA #3 was unsuccessful.



✓ POC
CEM
2-1-17

January 31st, 2017

Cher Michaud, R.N.
Supervising Nurse Consultant
Facility Licensing & Investigations Unit
410 Capitol Avenue MS#12HSR
P.O. Box 340308
Hartford, CT 06134

Dear Ms. Michaud:

Enclosed is the plan of correction for the survey for West Hartford Health & Rehabilitation that concluded on January 12th, 2017.

Please note that the filing of this plan of correction does not constitute any admission as to any of the alleged violations set forth in this Statement of Deficiencies. This plan of correction is being filed as required by applicable law and as evidence of the facility's continued commitment to high quality care.

If you have any questions, you may contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Theresa Sanderson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Theresa Sanderson
Administrator



January 31st, 2017

Cher Michaud, R.N.
Supervising Nurse Consultant
Facility Licensing & Investigations Unit
410 Capitol Avenue MS#12HSR
P.O. Box 340308
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Theresa Sanderson
Administrator

FACILITY: West Hartford Health & Rehabilitation Center

DATES OF VISIT: January 9, 10, 11 and 12, 2017

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Notwithstanding the foregoing, the following plan of correction is submitted.

Section 19-13-D8t(j) Director of Nurses(2) and/or(k) Nurse Supervisor(1) and/or(o) Medical Records(1)

Inservice education on documentation to be included in medical record after a resident is lowered to the floor was completed.

Progress note template that includes necessary information for nurses to include (in their post lowering to floor assessment) was added to electronic medical record library.

Date corrected: February 10th, 2017

Progress notes reviewed for content with accident/incident report at morning report following event.

Monthly falls committee and subsequent report to Quarterly Quality Assurance and Performance Improvement meeting will include review of progress notes for lowering to the floor incidents.

DNS responsible.

