

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075268	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2020
NAME OF PROVIDER OF SUPPLIER TRINITY HILL CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 151 HILLSIDE AVE HARTFORD, CT 06106	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, and staff interviews, the facility failed to maintain a clean and homelike environment. The finding included: Observations on 7/31/20 at 11:00 AM identified the hand railing in the resident's hallway was peeling, with a large piece of laminate hanging from the railing. Interview with the Director of Housekeeping on 7/31/20 at 11:10 AM identified she cleaned the handrails earlier and did not notice the laminate was peeling. She identified the residents often hit the railings with their wheelchairs causing them to peel frequently. The Director of Housekeeping indicated she would notify maintenance to repair the railing.</p>		
F 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation, staff interview, and a review of the facility policy, the facility failed to ensure cigarette ash receptacles were free from flammable materials. The findings include: a. Observation on 7/31/20 at 10:00 AM identified three cigarette ash receptacles overflowing with flammable materials including paper, plastic wrappers, and tissues. Four residents and two staff were present smoking at the time of the observation. Interview with the Administrator on 7/31/20 at 11:30 AM identified he noticed the ash receptacles needed to be emptied the day prior and meant to ask maintenance to empty them, but did not have the opportunity. He identified the ash receptacles should not contain flammable materials. He further identified that although the ash receptacles are on the smoking patio, the residents usually use small red ash receptacles provided by the staff to extinguish their smoking materials. The facility policy directed in part that cigarettes must be disposed of properly in the receptacles located in the smoking area. b. On 07/31/20 at 9:00 AM, the surveyor observed the exterior environment of the facility had a buildup of combustible materials and debris throughout the area not allowing for a safe environment. i.e. there was trash, wooden pallets, old resident equipment, 20LB propane tank etc. thrown throughout the rear of the building.</p>		
F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations and staff interview, the facility failed to properly prepare food under sanitary conditions. The findings include: Observation on 7/31/20 at 10:10 AM identified a heavy accumulation of dust throughout the kitchen. Observation of the kitchen vent hood identified a heavy accumulation of grease and dust. Several pots that contained food being prepared for lunch were observed cooking on the stove at the time of the observation. Interview with the Food Service Director on 7/31/20 at 10:15 AM identified they have a weekly cleaning schedule and they have been trying their best to follow it but it has been difficult with the pandemic and staff layoffs. The Food Service Director further identified that although the kitchen hood was cleaned professionally every 6 months she was not aware that the vent baffles should be cleaned in between professional servicing.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.