

Manisha Juthani, MD Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

Healthcare Quality And Safety Branch

IMPORTANT NOTICE - PLEASE READ CAREFULLY

January 18, 2023

Joanne Gabriel, Administrator Newtown Rehabilitation & Health Care Center 139 Toddy Hill Road Newtown, CT 06470

Dear Ms Gabriel:

On **January 17, 2023** a complaint survey was concluded at your facility by the State of Connecticut, Department of Public Health, Facility Licensing & Investigations Section to determine if your facility was in compliance with Federal requirements for nursing homes participating in the Medicare and Medicaid programs. This survey found the most serious deficiencies in your facility to be:

Isolated deficiencies that constitute immediate jeopardy to health and safety whereby significant corrections are required (J).

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Your deficiencies under:

Fed - F - 0600 - 483.12(a)(1) - Free From Abuse And Neglect S-S= J Fed - F - 0725 - 483.35(a)(1)(2) - Sufficient Nursing Staff S-S= J have been determined to constitute immediate jeopardy.

An Enforcement Cycle has been initiated based on the citation of deficiencies at a "D" level or greater at your facility. All statutory/mandatory enforcement remedies are effective based on the beginning survey of the Enforcement Cycle. Your Enforcement Cycle began with the January 17, 2023 survey. All surveys conducted after January 17, 2023 with deficiencies at a "D" level or greater become a part of this Enforcement Cycle. The enforcement cycle will not end until substantial compliance is achieved for all deficiencies from all surveys within an enforcement cycle. Facilities are expected to achieve and maintain continuous substantial compliance.



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Affirmative Action/Equal Opportunity Employer



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An allegation to remove the Immediate Jeopardy must be submitted by the 10th day after the facility receives its Statement of Deficiencies (Form CMS-2567). Your allegation to remove the Immediate Jeopardy serves as your written allegation of compliance. Failure to submit a signed and dated acceptable allegation to remove the immediate jeopardy by **January 30, 2023** may result in the imposition of additional remedies by the 20th day after the due date for submission of an allegation to remove the immediate jeopardy.

Each allegation to remove the immediate jeopardy must be submitted through the ePOC website, and must include identification of the staff member by title who has been designated the responsibility for monitoring the individual plan submitted for each deficiency. A completion date is required for each item for each deficiency and shall be documented in the designated column.

The allegation of removal of the immediate jeopardy for each deficiency shall include the following components:

- What correction action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or systemic changes made to ensure that the deficient practice does not recur; and,
- How the facility will monitor its corrective action(s) to ensure that the deficient practice will not recur, (i.e., what quality assurance or other program will be put into place to monitor the continued effectiveness of the systemic change).
- Identify the staff member, by title, who has been designated the responsibility for monitoring the individual plan of correction for each deficiency and the completion date for each component.

Your facility does not have an "opportunity to correct" the deficiencies noted prior to imposition of a remedy. However, deficiencies with a severity level of immediate jeopardy should be corrected by **January 30, 2023.**

Based on the deficiencies cited during your survey, we are recommending to the Centers for Medicare and Medicaid Services (CMS) Regional Office and/or the State of Connecticut Department of Social Services that:

A civil money penalty be imposed effective **January 17, 2023.** If the Regional Office and/or the State of Connecticut Department of Social Services decides to impose the recommended civil money penalty, a notice of imposition will be sent to you.

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Also we are recommending a denial of payment for all new admissions be imposed. Once imposed, denial of payment for all new admissions under Medicare and Medicaid will continue until substantial complaince is acheived or termination occurs.

We are also recommending to the CMS Regional Office and/or the State of Connecticut, Department of Social Services that your provider agreement be terminated on **February 9, 2023**, if the immediate jeopardy has not been removed by that time.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with separate formal notification of that determination.

Allegation of Compliance

The Plan of Correction serves as your allegation of compliance. We may accept the written allegation of compliance and presume compliance until substantiated by a revisit or other means.

If, upon the subsequent revisit, your facility has not achieved substantial compliance, we will recommend that additional remedies be imposed by the CMS Regional Office and/or the State of Connecticut Department of Social Services beginning on **January 17, 2023** and to continue until substantial compliance is achieved. Additionally, the CMS Regional Office and/or the State of Connecticut Department of Social Services may impose a revised remedy(ies), based on changes in the seriousness of the noncompliance at the time of the revisit, if appropriate.

Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of Substandard Quality of Care (SQC) or immediate jeopardy. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies (or why you are disputing the scope and severity assessments of deficiencies which have been found to constitute SQC or immediate jeopardy), to this office. This request must be sent during the same 10 day period you have for submitting a PoC for the cited deficiencies through the ePOC website (as an attachment). Please do not mail. Informal dispute resolution may be accomplished by telephone, review of submitted documentation or a meeting held at the Department. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Informal dispute resolution in no way is to be construed as a formal evidentiary hearing. It is an informal administrative process to discuss deficiencies. If you will be accompanied by counsel, you must indicate this in you request for informal dispute resolution. You will be advised in writing of the decision related to the informal dispute.

Please return your response to the Supervising Nurse Consultant through the ePOC website and direct your questions regarding the deficiencies and any questions concerning the instructions contained in this letter to the Supervising Nurse Consultant at (860) 509-7400.

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Sincerely,

Sandra Vermont-Hollis, R.N. Supervising Nurse Consultant Facility Licensing & Investigations Section

cc: CMS Regional Office

State of Connecticut Department of Social Services

Enclosure

Complaint #33643 & #33752