

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES


PRINTED: 11/10/2010  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>075082 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 03 - MAIN BUILDING<br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>11/09/2010 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>HUGHES HEALTH AND REHABILITATI | STREET ADDRESS, CITY, STATE, ZIP CODE<br>29 HIGHLAND ST<br>WEST HARTFORD, CT 06119 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|--------------------|--|---------------|---|----------------------|
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| K 000         | INITIAL COMMENTS<br><br>" The facility was surveyed pursuant to the National Fire Protection Association 101 Life Safety Code, 2000 edition as referenced in Part 483.70 (a)."  | K 000 |  |        |
| K 018<br>SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3<br><br>Roller latches are prohibited by CMS regulations in all health care facilities.<br><br>This STANDARD is not met as evidenced by:<br>The facility did not ensure doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch sold-bonded core wood, capable of resisting fire for at least 20 | K 018 | Facility will replace damaged door with a new door of either 1 ¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Work will be completed by 2/1/2011.<br><br>The Director of Engineering will monitor completion of this task. Engineering services will conduct quarterly inspections of all fire doors to check for integrity. | 2/1/11 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br> | TITLE<br>Administrator | (X6) DATE<br>11/18/10 |
|--|------------------------|-----------------------|

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.

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| NAME OF PROVIDER OR SUPPLIER<br><br>HUGHES HEALTH AND REHABILITATI |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>29 HIGHLAND ST<br>WEST HARTFORD, CT 06119  |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG  | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   | (X5) COMPLETION DATE                         |
| K 018  | Continued From page 1<br>minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. On 11/09/10 at 10:35 AM the surveyor, accompanied by the Treasurer of the facility, observed that the Serving Room door to the main kitchen had gaps around the door and was damaged to the core, which does not meet the standard set forth by section 19.3.6.3.6 of the LSC.   | K 018  | Facility will modify Emergency plan to address possible gas leak situations to clearly state that in addition to the appropriate agency (CNG in this case), the Fire Department shall be notified. All employees will be in-serviced in the more clearly defined procedure by 2/1/2011.<br><br>The Assistant Controller will monitor completion of this task.<br><br><b>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 evidence of the facility's continued compliance with all applicable laws.</b> | 2/1/11                                       |
| K 130<br>SS=E  | NFPA 101 MISCELLANEOUS<br><br>OTHER LSC DEFICIENCY NOT ON 2786<br><br>This STANDARD is not met as evidenced by:<br>The facility failed to follow its established policies and protocols for fires, emergencies and/or disasters.<br>On 11/09/10 at 0900 AM the surveyor observed during documentation review provided by the Treasurer of the facility that on 10/02/10 at 09:45 PM the facility had a natural gas leak in the area of the North Unit gas meter. Upon reviewing the written narrative of the incident, the surveyor observed within the narrative that the facility never notified the local Fire Department. The Treasurer of the facility then provided the surveyor with a copy of the facility's current written emergency plan that specifies that the "professional emergency personnel (fire, police, other outside agencies)" shall be notified as required prior to staff member notification. | K 130  |   |  |