Brighton
Gardens
of
Stamford
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Ayn Rand

Atlas Shrugged

Part 1

The Non-Contradictions

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 10, 2019

Mary Kay Polacek, Supervisor of Assisted Living Services Agency
Brighton Gardens Of Stamford Alsa
59 Roxbury Road
Stamford, CT 06902

Dear Ms. Polacek:

Unannounced visits were made to Brighton Gardens Of Stamford Alsa on May 8, 9, 10, 2018 and December 12, 2018 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting multiple investigations.

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.

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 ten 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 January 21, 2019.

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.

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 to Loan.Nguyen@ct.gov 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 January 21, 2019 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

Connecticut Department of Public Health

Phone: (860) 509-7400 • Fax: (860) 509-7543
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Hartford, Connecticut 06134-0308
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Affirmative Action/Equal Opportunity Employer

DATE(S) OF VISIT: May 8, 9, 10, 2018 and December 12, 2018

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

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,

Loan D Nguyen

Loan Nguyen M.S.N., R.N., C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

LN:mb

CT # 24509, 22973, 23038

DATES OF VISIT: May 8, 9, 10, 2018 and December 12, 2018

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing authority of an assisted living services agency (4) (A) and/or (g) Supervisor of assisted living services (2) (A) and/or (B) and/or (h) Nursing services provided by an assisted living services agency (3) (B) and/or (C) and/or (k) Client service record (2) (H) and/or (L).

1. Based on review of the clinical record and interview with agency personnel for one of three clients (Client #1) at risk for falls, the agency failed to update the client's service plan after each fall. The findings include:

   a. Client #1 was admitted to the memory care unit at the ALSA on 06/06/17 with diagnoses that included dementia without behavioral disturbance.

   The client's service plan dated 06/06/17 identified the need for assistance with activities of daily living, and a risk for falls with a goal to be free of injuries from falls.

i. Interview and review of the nursing notes and agency documentation with the Supervisor of Assisted Living Service Agency (SALSA) on 05/09/18 indicated that the ALSA staff found Client # 1 on 09/13/17 in a sitting position in the common area after an unwitnessed fall.

Interview and review of the service plan dated 06/06/17 with the SALSA on 05/09/18 failed to identify updates to the service plan after the fall, with interventions to prevent further falls, and updates to the ALSA aides instruction sheets;

ii. The ALSA note dated 09/22/17 indicated that an ALSA aide heard a noise and found Client # 1 lying on the right side on the floor, with the walker next to the client.

Interview and review of the service plan dated 06/06/17 with the SALSA on 05/09/18 failed to identify updates to the service plan after the fall, with interventions to prevent further falls, and updates to the ALSA aides instruction sheets;

iii. The ALSA documentation indicated that on 9/24/17 at 2:25 a.m., ALSA Aide #1 found the client in a sitting position on the floor next to the television stand. The client sustained abrasions to the right side of the forehead, right hip and right knee, complained of right hip pain and was transferred via ambulance to the emergency department.

Interview with ALSA Aide #1 and Licensed Practical Nurse/LPN # 2 on 05/09/18 indicated that the aide found the client during a safety check, but failed to identify the time of the previous safety check and/or the documentation of the staff member who completed the previous safety check, in order to determine the last time the patient was seen safe in bed prior to the fall;

iv. Interview with ALSA Aide #2 on 05/09/18 indicated that the aide documented electronically the care provided to the clients, but the ALSA staff could not document the times the safety checks were completed for lack of preset documentation fields in the computer, and failed to

identify the facilitation of accurate and comprehensive documentation by the ALSA administration in the electronic system.

The hospital discharge summary dated 09/27/17 and CT Scan reports indicated that Client # 1 suffered a myocardial infarction and a cerebrovascular accident which affected the client's ability to walk and drink. The client developed aspiration pneumonia and respiratory failure in the hospital, the family elected the hospice benefits and the client expired on 9/30/17.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing authority of an assisted living services agency (4) (A) and/or (g) Supervisor of assisted living services (2) (A) and/or (B) and/or (h) Nursing services provided by an assisted living services agency (3) (C) and/or (D).

2. Based on review of the clinical record and interview with agency personnel for one of two clients (Client #2) who required wound care, the ALSA nurses failed to provide the necessary services. The findings include:

   a. Client #2 was admitted to the memory care unit at the ALSA on 09/09/17 with diagnoses that included Alzheimer's disease, Parkinson's disease, acute embolism and thrombosis of the left proximal lower extremity.

   The client's service plan dated 09/09/17 identified the need for medication management and assistance with activities of daily living.

   Interview and review with RN # 1 on 5/10/18 of the initial comprehensive assessment completed by Registered Nurse (RN) #1 (the "wound care nurse," without wound care certification) on 9/9/17 identified documentation of intact skin.

   On 09/26/17 RN #1 documented that the client had an open blister on the right heel.

   Home care services were initiated on 9/28/17, to address the pressure ulcer on the client's right heel and a coccyx pilonidal cyst with clear drainage. The family declined therapy services and a fall mat, agreed to gel cushion, heel boots and offloading of right heel in bed and wheelchair. The ALSA documentation indicated that per the family, Client # 2 had a pilonidal cyst on the coccyx since childhood, and the family had taken care of the area.

   The physician's orders dated 9/28/17 included wound care to the patient's bilateral heels to be provided by the home care nurse two to three times a week, with the ALSA nurse changing the dressing when soiled.

   i. Review of the memorandum of understanding (MOU) developed on 9/28/17 between the home care agency and the ALSA indicated that the home care nurses would visit two to three times a week to provide wound care and the ALSA staff would provide medication services, and failed to identify the responsibility of the ALSA staff in

assuming dressing changes when the dressings were soiled and the home care nurse was not onsite;

ii. On 10-6-17 the physician ordered the ALSA staff to apply Calmoseptine cream to buttock and cyst area with each diaper change and as needed (prn).

On 01/04/18, RN #1 documented that the pilonidal cyst remained intact with healthy surrounding skin.

Review of the home care notes did not identify a visit to Client # 2 between 1/4/18 and 1/10/18.

The ALSA documentation dated 01/10/18 indicated that the client was transferred to the emergency department after a seizure episode and was admitted to the hospital.

The emergency department documentation dated 1/10/18 identified a pressure ulcer of the coccyx. A wound consultation in the hospital dated 01/11/18 identified a "stage III pressure injury to the coccyx with surrounding fungal rash," with orders to treat the fungal rash with miconazole zinc cream, and after resolution of the fungal rash, to treat coccyx wound with silver alginate and secondary foam dressing.

On 01/12/18 ALSA LPN #1 documented that the client returned from the hospital to the ALSA at 6:39 p.m. with an open pilonidal cyst and surrounding fungal rash, but failed to identify assessment by the ALSA registered nurse/RN and RN description and measurements of the coccyx wound, upon Client # 2's return to the ALSA;

iii. Home care services resumed on 01/13/18 for treatment of the fungal rash with miconazole zinc cream and wound care to the stage III ulcer on the coccyx using silver alginate and secondary foam dressing.

Review of the memorandum of understanding (MOU) developed on 1/13/18 between the home care agency and the ALSA indicated that the home care nurses would visit once or twice a week to provide wound care and the ALSA staff would provide medication services and assistance with activities of daily living, and failed to identify the responsibility of the ALSA staff in assuming dressing changes when the dressings were soiled and the home care nurse was not onsite;

iv. On 01/13/18 the home care RN documented a non-healing stage III pressure ulcer to the coccyx with measurements of 1.5 centimeters (cm) by 1 cm by 0.5 cm surrounded by a fungal rash.

Review of the ALSA documentation and the home care documentation identified inconsistent and alternating classification of the coccyx wound as stage III pressure ulcer and pilonidal cyst, and failed to identify open communication between the ALSA

nursing staff and the home care nursing staff to clarify the origin of the wound;

v. Interview and review with ALSA RN #1 on 05/10/18 of RN # 1's note dated 01/16/18 by RN #1 of the fungal rash to the sacrum failed to identify a description and/or measurements of the coccyx wound;

vi. On 01/19/18 the ALSA nurse documented that the home care nurse measured the coccyx "stage III ulcer" at 1.5 cm by 1 cm by 0.5 cm.

A "weekly skin check note" dated 01/26/18 by the SALSA indicated that the pilonidal cyst now presented as a 3.3 cm x 2 cm by 1.8 cm crater with 1.2 cm of eschar and macerated circumference, the SALSA was awaiting an air mattress, and the family was bringing in a ROHO cushion.

Review of the ALSA documentation and the home care documentation identified inconsistent and alternating classification of the coccyx wound as stage III pressure ulcer and pilonidal cyst, and failed to identify open communication between the ALSA nursing staff and the home care nursing staff to clarify the origin of the wound;

vii. Interview and review of the service plan dated 09/09/17 with ALSA RN #1 on 05/10/18 failed to identify updates to the service plan to reflect the development of a coccyx wounds, with appropriate interventions and the involvement of a home care agency.

viii. Interview and review of the ASLSA aide task sheets dated October 2017 through January 2018 with ALSA RN #1 on 05/10/18 identified instructions to offload the client's heels while in bed, but failed to identify instructions for the ALSA aides to reposition the client to relieve pressure from the coccyx.

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (g) Supervisor of assisted living services (2) (A) and/or (B) and/or (h) Nursing services provided by an assisted living services agency (3) and/or (B) and/or (k) Client service record (2) (H).

3. Based on review of the clinical record and interview with agency personnel for two of two clients (Clients #1 and #2) who resided in the memory care unit, the ALSA registered nurse failed to complete the service plan. The findings include:

a. Client #1 was admitted to the memory care unit at the ALSA on 06/06/17 with diagnoses that included dementia without behavioral disturbance.

The Client Service Plan dated 06/06/17 identified the need for assistance with bathing, oral care, dressing, grooming, incontinent care, ambulation, transfers and mobility.

Interview and review of the service plan dated 06/06/17 with the Reminiscence Coordinator

on 05/09/18 indicated that the Connecticut Regulations for Assisted Living Services Agency required a registered nurse/RN to complete the client service plan, indicated that the Reminiscence Coordinator was not an RN, that the Reminiscence Coordinator completed sections in the client service plan such as the client's sleep pattern, vision, hearing, cognitive function, communication needs, mood state, risk assessment for skin integrity, diet, dining, the Reminiscence Coordinator developed goals and interventions, and failed to identify fulfillment of the RN responsibility in completing the Client Service Plan and in complying with the State regulations.

b. Client #2 was admitted to the memory care unit at the ALSA on 09/09/17 with diagnoses that included Alzheimer's disease, Parkinson's disease, acute embolism and thrombosis of the left proximal lower extremity.

The client's service plan dated 09/09/17 identified the need for assistance with oral care, transportation, mobility, transfers, the use of assistive devices, grooming, dressing, use of the bathroom, and bathing.

Interview and review of the service plan dated 06/06/17 with the Reminiscence Coordinator on 05/09/18 indicated that the Connecticut Regulations for Assisted Living Services Agency required a registered nurse/RN to complete the client service plan, indicated that the Reminiscence Coordinator was not an RN, that the Reminiscence Coordinator completed sections in the client service plan such as the goals and interventions, and failed to identify fulfillment of the RN responsibility in completing the Client Service Plan and in complying with the State regulations.

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 (b) Assisted living services agency (4) (C) and/or (c) Managed residential communities served by assisted living services agencies (10).

4. Based on observation and interview with the Assisted Living Services Agency/ALSA personnel, the Supervisor of Assisted Living Services Agency/SALSA interfered with the survey process and failed to provide the surveyor with unrestricted access to copies of ALSA documents and/or client records. The findings include:

a. On 12/12/18 the surveyor was asked to sit in a designated room to conduct record review. At some point the surveyor left the room with no one in attendance, to go speak with the Executive Director (ED) in an office nearby. When the surveyor returned to the assigned room, the Supervisor of Assisted Living Services Agency (SALSA) had opened the folder that the surveyor used to hold exhibits for the investigation, copies obtained from the ALSA, client records, interview notes and surveyor investigative notes. With both hands inside the surveyor's investigative folder, the SALSA was leafing through the surveyor's collected

data, while the SALSA verbalized the excuse that the SALSA was dropping off some copies previously requested by the surveyor. Interview and review of the surveyor's observation with the SALSA and the ED on 12/12/18 indicated that the SALSA interfered with the survey process when the SALSA opened the surveyor's folder without the surveyor's authorization, inappropriately exposed the confidential notes, copies and exhibits collected by the surveyor, and failed to indicate that the SALSA granted the surveyor unrestricted access to the agency's documents and client clinical records.

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 (d) Governing authority of an assisted living services agency (e) General requirements for an assisted living services agency (1) and/or (f) Personnel policies for an assisted living services agency (1) (A) and/or (2) (F) (g) Supervisor of assisted living services (2) (B) and/or (C) and/or (h) Nursing Services provided by an assisted living services agency (3) (J) (v).

5. Based on review of the clinical record and interview with agency personnel for one of two (Client #11) clients who required medication administration by the ALSA nurse, the agency failed to ensure the safe administration of medication, authentic nursing documentation and pertinent policies and procedures. The findings include:

   a. Client #11 was admitted to the ALSA program on 05/12/18 with diagnoses that included Alzheimer's disease and benign neoplasm of the meninges.
   The client's medications included Exelon (Rivastigmine) transdermal patch 9.5 milligrams (mg) one time a day, with the instructions to "remove per schedule."
   Client # 11's medication administration record (MAR) for the month of November 2018 included on the same page, a row of pre-printed and dated boxes for the nurses to sign off when applying a new Exelon patch and another row of pre-printed and dated boxes for the nurses to sign off when removing the old Exelon patch.
   Interview and review of Client # 11's medication administration record (MAR) with the SALSA on 12/12/18 indicated that the ALSA nurses signed off electronically from 11/1/18 through 11/18/18 for having applied a new Exelon patch on Client # 11 each day, and for having removed an Exelon patch on Client # 11 each day.
   The ALSA nurse documented on 11/17/18 that Client #11 vomited a moderate amount of undigested food around 3:30 p.m., was alert and very confused, a family member was present and the physician was notified.

   On 11/18/18 the ALSA nurse documented that Client #11 was very confused throughout the day. The family member was present and expressed concerned about the client's confusion. The physician was notified and ordered to transfer Client # 11 to the Emergency Department.

   The hospital documentation indicated that the client was admitted to the hospital with altered mental status and hallucinations. According to the hospital documentation, the client

hallucinated about going to the beach, to some kind of party, then following a man who did not exist upstairs. The client also complained to the family of nausea, vomiting and headache, during their visit at the ALSA. The hospital staff also found on the patient's body three (3) Exelon patches (one on mid back, and two on the shoulders). After imaging, physical exam and neurology consult ruled out seizure activity and/or association with the client's history of brain tumor, the neurologist at the hospital diagnosed Client # 11 with toxic metabolic encephalopathy following overdose on Excelon, as Excelon at high doses was "known to have a side-effect of hallucinations and confusion."

i. In an interview on 12/12/18 at 2:46 p.m. LPN # 11 indicated that LPN applied an Excelon patch to Client # 11 on 11/16/18 and 11/18/18 (the day of hospitalization). LPN saw and removed an old Exelon patch on 11/16/18, but did not see an old patch on 11/18/18, hence did not remove anything from the patient's skin. Interview and review of the November 2018 MAR with the SALSA on 12/12/18 indicated that LPN # 11 signed off on the MAR on 11/18/18 for both applying the new patch and "removing" the old patch, when in fact LPN # 11 did not visualize an old patch on 11/18/18 and did not physically remove any patch, and failed to identify accurate and/or authentic nursing documentation of the process of medication administration;

ii. Review of LPN # 11's personnel file with the SALSA on 12/12/18 indicated that LPN # 11 was hired by the ALSA on 07/10/18 as a newly licensed LPN, and failed to identify orientation of LPN # 11 to the ALSA policies on medication administration and/or observation by the ALSA RN of LPN #11 administering medications, and documentation of satisfactory performance during the orientation period;

iii. Interview and review of the agency's "Medication Management" policy with the SALSA on 12/12/18 identified a written procedure for medication administration and failed to identify a written procedure for the application and removal of transdermal patches;

iv. LPN #11 had a hire date of 07/10/18 as a newly licensed LPN. Interview and review of LPN #11's personnel file with the Executive Director/ED and the SALSA failed to identify the completion of the state mandated "ABCMS" (Connecticut Applicant Background Check Management System) and fingerprinting since the date of hire and prior to assignment to direct client care;

v. Client # 1's MAR indicated that LPN # 12 administered medications to Client # 11 on 11/17/18. LPN # 12 was not available for interview.
Client # 11's MAR indicated that LPN #13 placed the Exelon patch on Client #11 on 11/15/18 (three days prior to hospitalization)

DATES OF VISIT: May 8, 9, 10, 2018 and December 12, 2018

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

In an interview on 12/12/18, LPN #13 indicated that LPN # 13 removed an old Exelon patch on 11/15/18 prior to applying a new Exelon patch on Client # 11. Interview and review of Client # 11's November 2018 MAR with the SALSA on 12/12/18 indicated that in addition to LPN # 11, all the nurses signed for applying and removing the Exelon patch each day from 11/1/18 through 11/18/18, when the hospital actually found three Exelon (3) patches on Client # 11, and failed to identify accuracy and/or authenticity of the ALSA nurses documentation;

vi. Interview and review of LPN # 12's personnel file with the SALSA on 12/12/18 identified a pattern of medication errors and/or inaccuracies (five occurrences since the date of hire of 4/27/17), but the Performance and Counseling Improvement Plan for Corrective Action for LPN # 12 each time failed to include oversight of LPN # 12's medication administration process by a Registered Nurse during the probation period;

vii. Interview and review of the agency policies and procedures with the Executive Director on 12/12/8 failed to identify policies and procedures to direct the process of Performance and Counseling Improvement Plans, with the necessary steps for disciplinary action following recurrence of incidents.

POC Approved
4/11/19

Sunrise Senior Living
Plan of Correction

Name of Community: Brighton Gardens of Stamford
Address of Community: 59 Roxbury Road, Stamford, CT 06902
License number:
Inspection date(s): May 8, 9, 10, 2018 and December 12, 2018
Name/Title of Legal Entity Representative Signing the Plan of Correction:
Mary Kay Polacek, Supervisor of ALSA

Signature of Sunrise Representative: **Mary Kay Polacek RN** Mary Kay Polacek RN
Date of Submission: **Jan 21, 2019 Revised – 4/10/2019**

Regulation		Plan of Correction
Section 19-13-D105 (d) Governing authority of an assisted living services agency (4) (A) and/or (g) supervisor of assisted living services (2) (A) and/or (B) and/or (h) Nursing services provided by an alsa (3) (B) and/or (C) and/or (k) client service record (2) (H) and/or (L)		Client #1 expired on 9/30/17. The client's records will be kept at the community (ALSA) for 7 years. The SALSA reviewed the records of residents that had falls during March 2018 to May 2018 to confirm that appropriate documentation of the fall events with follow up, incident reports, and care plan (ISP) updates with interventions were present. Records that were missing the appropriate documentation had a care plan meeting scheduled to discuss and document necessary interventions and care plan updates. SALSA, Reminiscence Coordinator (RC), Assisted Living Coordinator (ALC) and Executive Director (ED), reviewed the fall management program. Staff in-serviced on Fall Prevention, documentation, and Intervention. Completed by 12/13/18 Residents who have been identified as high risk fall residents will be discussed at a the weekly interdisciplinary team meeting to discuss root cause and their ISP updated to reflect current falls and safety awareness with interventions for fall prevention. Care Managers (ALSA aide) will receive communication of updates and interventions on residents electronically and during cross shift meetings. Weekly for 6 weeks then twice monthly for 3 months, after each weekly interdisciplinary team meeting the SALSA or delegate will audit 5 charts to ensure documentation of progress notes, and ISP updates with goal expectation of 100% compliance. Results of the audit will be included in monthly Quality Assurance Performance Improvement (QAPI) meeting and reviewed by the ED. SALSA is responsible for compliance with Plan of Correction
Section 19-13-D105 (d) Governing authority of an		Client # 2 expired on 1/29/18. The client's records will be kept at the community (ALSA) for 7 years. Residents with wounds had ISPs audited by SALSA /RN Designee

Regulation		Plan of Correction
assisted living services agency (4) (A) and/or (g) supervisor of assisted living services (2) (A) and/or (B) and/or (h) Nursing services provided by an alsa (3) (C) and/or (D)		to include wound location, Home care agency managing the wound, and intervention for the ALSA aides to follow. Home care agencies managing wounds had their files audited to ensure correct memorandum of understanding (MOU) was in place. Records that were missing the appropriate documentation had a care plan meeting scheduled to discuss and document necessary interventions and care plan updates. SALSA, Nurses, Reminiscence Coordinator (RC), Assisted Living Coordinator (ALC) and Executive Director (ED), reviewed the skin care and pressure ulcer management program with the Regional Director of Resident Care to strengthen learning and implementation of the program. The Wellness team was retrained on proper documentation on residents with wounds. A retraining for skin care and pressure ulcer management was initiated for Nursing staff 1/16/19 1/22/19 Completed date. Residents who have been identified with wounds or high risk skin issues will be discussed at the weekly interdisciplinary team meeting to have their ISP updated accordingly with interventions and check MOU from home care agencies for accuracy. Weekly wound care rounds and documentation will continue. Staff will take responsibility for measuring and treating and updating ISP as needed, when Home Care Agency is not present. Care Managers (ALSA aide) will receive communication of updates and interventions on residents electronically and during cross shift meetings. Weekly for 6 weeks then twice monthly for 3 months, after each weekly interdisciplinary team meeting the SALSA or delegate will audit 5 charts to ensure documentation of progress notes, and ISP updates with goal expectation of 100% compliance. Results of the audit will be included in monthly QAPI meeting and reviewed by the ED. SALSA is responsible for compliance with Plan of Correction The Quality Assurance Performance Improvement (QAPI) committee will monitor the effectiveness of this plan of correction during the monthly QAPI meeting for 6 months. Identified issues or necessary changes to the plan will be discussed and implemented.
Section 19-13-D105 (d) Governing authority of an assisted living services agency (4) (A) and/or (g)		SALSA reviewed Reminiscence residents' records with a service plan that was updated in last two months to confirm they were completed by the SALSA/ RN. The results of the record review are reported at the QAPI meeting and reviewed by the ED. Service plans of residents are completed by the SALSA/RN

Regulation		Plan of Correction
supervisor of assisted living services (2) (A) and/or (B) and/or (h) Nursing services provided by an alsa (3) and/or (B) and/or (k) Client service record (2) (H)		Designee. Service plans are updated every four months or upon change of condition. Assessments are completed by the SALSA/RN Designee. A care plan meeting will take place. SALSA/RN Designee signature is captured in the service plan. SALSA is responsible for compliance with Plan of Correction The Quality Assurance Performance Improvement (QAPI) committee will monitor the effectiveness of this plan of correction during the monthly QAPI meeting for 6 months. Identified issues or necessary changes to the plan will be discussed and implemented.
Section 19-13-D105 (b) assisted living services agency (4) (C) and/or (c) Managed residential communities served by asla (10).		ED had a meeting with SALSA about the expected behavior and actions that are to take place when the DPH is in the community conducting an investigation. The ALSA regulations that outline these rights were reviewed. Completed 12/13/2018 ED held a meeting for ALSA leaders and personnel on the survey process and their role in the process. For future survey visits from DPH the SALSA will bring DPH surveyor all requested documents in an individual folder. Additional requested documents will be delivered in a separate new folder, not added to the previous folder. ED will monitor the next visit for appropriate delivery of documents.
Section 19-13-D105 (d) Governing authority of an assisted living services agency (e) General requirements for an alsa (l) and/or (f) Personnel policies for an alsa (1) (A) and/or (2) (F) (g) Supervisor of assited living services (2) (B) and/or (C) and/or (h) Nursing services provided by an alsa (3) (J) (v)		Upon Client #11 return from hospital, RN Designee and LPN did a skin check, assessed resident, and updated documentation. Client's medication orders were reviewed and Rivastigmine patch was ordered by the MD. The SALSA identified residents with medication patches and the RN conducted a review of medication orders. A full body check was performed on residents with medication patches applied to ascertain proper placement and results were presented to the QAPI meeting. Staff in-servicing regarding medication management policy with emphasis on topical patch placement. Two nurses must be present for removal and placement of patches. Old patch must be removed prior to application of new patch. If patch is missing notify SALSA/RN Designee. Agency wide in-service of new nursing staff will occur during probationary period. 3/29/19 LPN #11 received a performance counseling and retraining from SALSA regarding application of medication patches as well as orientation to protocol The Applicant Background Check Management System (ABCMS) was done on 6/29/18.

POC Approved
7/16/19

Regulation		Plan of Correction
		Counseling from SALSA was done with LPN #12. A medication administration competency check was performed by RN designee on 12/14/18. Counseling from SALSA was done with LPN #13. Medication skill evaluation was conducted on 1/17/19 Human Resources conducted a one-time audit of LPN records for confirmation of Applicant Background Check Management System (ABCMS) and results were reported at the QAPI meeting and reviewed by the ED. ED responsible for compliance with Plan of Correction A retraining was conducted with the nursing team by SALSA and RN designee regarding medication administration process and MAR documentation. The ED and Human Resources had a review of procedures for performance and counseling improvement plans with additional input with Regional Director of Operations. Effective 1/18/19 –LPNs will complete the Sunrise Medication Skill Capability evaluation checklist which includes instructions on medication patches. This will be done upon hire as part of the orientation process and then annually by SALSA/RN Designee. Documentation will be kept in personnel records Audit of all new hires will take place monthly for 6 months with a goal of 100% compliance. SALSA is responsible for compliance with Plan of Correction. The Quality Assurance Performance Improvement (QAPI) committee will monitor the effectiveness of this plan of correction during the monthly QAPI meeting for 6 months. Identified issues or necessary changes to the plan will be discussed and implemented.

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.