STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality And Safety Branch

October 22, 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 June 19, 20 and 24, 2019 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 November 2, 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

DATE(S) OF VISIT: June 19, 20 and 24, 2019

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE 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 November 2, 2019 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

An office conference has been scheduled for November 4, 2019 at 11:00 A.M. in the Facility Licensing and Investigations Section of the Department of Public Health, 410 Capitol Avenue, Second Floor, Hartford, Connecticut. Should you wish to retain legal representation, your attorney may accompany you to this meeting.

Alternate remedies to violations identified in this letter may be discussed at the office conference. In addition, please be advised that the preparation of a Plan of Correction and/or its acceptance by the Department of Public Health does not limit the Department in terms of other legal remedies, including but not limited to, the issuance of a Statement of Charges or a Summary Suspension Order and it does not preclude resolution of this matter by means of a Consent Order.

Should you have any questions, please do not hesitate to contact this office at (860) 509-8059.

Respectfully,

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

CT # 25047, 25325

DATE(S) OF VISIT: June 19, 20 and 24, 2019

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 Body of an assisted living services agency (4) (A) and/or (F) and/or (g) Supervisor of assisted living services (2) (B) and/or (D) and/or (h) Nursing services provided by an assisted living services agency (4) (A) and/or)E) and/or (l) Quality assurance program for an assisted living services agency (7)

1. Based on review of the clinical record, agency documentation and staff interview, for one of one client (Client #1) who required anticoagulant for a diagnosis of persistent atrial fibrillation, the assisted living services agency (ALSA) failed to ensure the nursing administration of the needed anticoagulant for a period of eight months. The findings include:

Client #1 was admitted to the assisted living program on 7/13/17, with diagnoses that included hypothyroidism, type II diabetes mellitus, hypertension, persistent atrial fibrillation, emphysema, bronchiectasis, collapsed vertebra, osteoporosis, syncope and collapse, congestive heart failure, major depressive disorder and dementia without behavioral disturbance.

Review of the client service program dated 5/7/18 identified the need for assistance with bathing, grooming, dressing, and medication administration.

Client # 1's medications included Coumadin 1milligram (mg) by mouth in the evening, and Digoxin 125 micrograms (mcg) by mouth every 72 hours, for persistent atrial fibrillation.

Interview and review of the ALSA documentation with the Registered Nurse/RN designee on 6/19/19 indicated that Client # 1's physician would renew the order for Coumadin every two weeks, and would write orders for bloodwork every two weeks (prothrombin time/PT and International Normalized Ratio/INR blood level), in order to adjust the anticoagulant therapy based on the bloodwork results.

a. Interview with the RN Designee on 6/19/19 and with Licensed Practical Nurse/LPN # 1 on 6/24/19 and review of the physician's orders indicated that on 6/15/18, Client # 1's physician ordered Coumadin 1mg to be administered in the afternoon through 6/29/19, however the physician did not order PT or INR level, and LPN # 1 failed to address with the physician the need for PT and INR orders as routinely ordered;

b. Review of Client # 1's clinical record identified a log entitled "Coumadin/INR tracking" with the nursing documentation of PT/INR order dates, PT/INR results, the date the physician was informed of the PT/INR results, the dose of Coumadin prescribed, and the date of the next PT/INR blood draw.

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

Interview with the RN Designee on 6/19/19 and with Licensed Practical Nurse/LPN # 1 on 6/24/19 indicated that the last line of the log identified an order for Coumadin 1mg by mouth received on 6/15/18, with INR due in two weeks, and failed to identify nursing follow-up on obtaining physician's orders for bloodwork, making sure the bloodwork was drawn, communicating the results to the physician and obtaining the next set of Coumadin orders to ensure optimal anticoagulation for Client # 1.

As a result, Client # 1 did not receive further Coumadin treatment after 6/29/18. About eight months later, on 2/27/19 Client # 1's physician noted during a physical assessment that Client # 1 was not receiving Coumadin, and ordered a new treatment of Eliquis 2.5mg twice a day (Eliquis does not require the monitoring of a therapeutic blood level through routine blood draws);

c. Interview with LPN #1 on 6/24/19 indicated that LPN was a per diem employee, was not accustomed to follow through with Coumadin orders, PT and INR levels by communicating verbally or in writing with other nurses on the following shift or the following days, to ensure continuity and safety of care, and failed to identify an acceptable of safe practice of nursing care;

d. Interview with the RN Designee on 6/19/19 and with Licensed Practical Nurse/LPN # 1 on 6/24/19 failed to identify nursing supervision and education provided to the nursing staff prior to the incident on 6/15/18, in order to ensure continuity and safety of nursing care;

e. Interview with the RN Designee on 6/19/19 and with Licensed Practical Nurse/LPN # 1 on 6/24/19 failed to identify policies and procedures to direct the nursing process of receiving physician's orders for Coumadin, ensuring concurrent orders for PT and INR were obtained, following up on the results of bloodwork, communicating the results to the physician and verifying the presence of subsequent orders for Coumadin, to benefit the client with a diagnosis of persistent atrial fibrillation.

POC accepted 11-13-19 CNguyen

Sunrise Senior Living
Plan of Correction

Name of Community: Brighton Gardens of Stamford
Address of Community: 59 Roxbury Road, Stamford, CT 06902
License number: A - 1086
Inspection date(s): June 19, 20, and 24, 2019
Name/Title of Legal Entity Representative Signing the Plan of Correction:
Mary Kay Polacek RN/SALSA

Signature of Sunrise Representative: Mary Kay Polacek RN
Date of Submission: 11/8/2019

Regulation	Target Date by Which Correction will be completed	Plan of Correction
Sec 19-13-D105	*12/30/19*	SALSA and Regional Director of Resident Care reviewed the physician orders, eMAR, monthly wellness assessment and service plans of Client #1 on 3/27/19. Client #1 remains on Eliquis and no adverse effects noted. SALSA reviewed orders, EMAR, and Coumadin/INR tracking log for residents on Coumadin for accuracy and lab follow up. Residents identified to need new orders of medication or labs had physicians contacted and obtained orders. Documentation added to resident charts. Completed on 3/8/19 . Residents on Coumadin now have standard orders from physicians for PT/INR's to be drawn every 2wks. The EMAR will reflect the date of the blood draw to alert the nurse administering the Coumadin to check the Coumadin log for test results. The night shift nurse will check the lab book wkly. to ensure the labs have been entered as scheduled. In-service and retraining of nursing staff initiated on 3/6/19 by the SALSA to ensure residents on Coumadin are in compliance with PT/INR tracking. New Coumadin flow sheet was initiated which is more detailed and comprehensive. PT/INR to be drawn on Thursdays unless a specific interim order is scheduled. Completed on 3/27/19. SALSA/RND to conduct a weekly review of the Coumadin flow sheet book reflecting the Coumadin dose and scheduled PT/INR. Including a weekly audit of lab book to ensure PT/INR to be drawn as scheduled . The Pharmacy consultant will conduct MAR to Medication Cart audit by the end of November 2019, and then twice a year.

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.

Bi accepted 11-13-19 (signature)

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		Results of the weekly Coumadin audits and Pharmacy audits will be analyzed and reviewed by Quality Assurance Performance Improvement (QAPI) committee during monthly meetings. The QAPI Committee is responsible for addressing trends in the audit findings and monitoring that this plan of correction is effective or in need of continuous improvement or modification