STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality And Safety Branch

IMPORTANT NOTICE - PLEASE READ CAREFULLY

May 14, 2020

Dorothy A. Wall, Supervisor of Assisted Living Services
The Roses At Guilford House
109 West Lake Avenue
Guilford, CT 06437

Dear Ms. Wall:

An unannounced visit were made to The Roses At Guilford House which concluded on May 13, 2020 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation and a licensing inspection.

Attached is a violation of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which was noted during the course of the visit. The state violations cannot be edited by the provider in any way.

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 May 24, 2020

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 may be subject to disciplinary action.

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

You may wish to dispute the violation and you may be provided with the opportunity to be heard. If the violation is not responded to by May 24, 2020 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

Please return your response to the Supervising Nurse Consultant via email at loan.nguyen@ct.gov. Please direct your questions concerning the instructions contained in this letter to the Supervising Nurse Consultant at (860) 509-7400.

Please do not send another copy via US mail.

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

LDN:lst

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (e) General requirements for an assisted living services agency (1).

1. Based on review of the agency documentation, surveyor observation and interview with agency staff, the Assisted Living Services Agency (ALSA) failed to adopt safe infection control practices to prevent community spread and protect the residents and the staff. The findings include:
   On 5/13/2020 at 9 AM, during an infection control monitoring visit for covid-19 precautions, the surveyor and two guardsmen (National Guards #1 and #2) found signage posted outside the front entrance of the Assisted Living Facility to restrict visitors.

   After the front door automatically swung open the surveyor and guardsmen entered the facility lobby and found no staff in the lobby to check the visitor's temperature or ask screening questions and triage the answers.

   Instead, in the empty lobby there was a small table with unfilled questionnaire forms, and a bottle of hand sanitizer.

   The surveyor and guardsmen subsequently walked through another door that automatically swung open, without any facility staff to screen the visitors or stop the visitors.

   In the next hallway, the client rooms were seen to the right, and the dining room was to the left.

   There was no one in the dining room except for a facility staff seated at a table in the far back of the dining room.

   Upon the surveyor's request, the staff went to find Registered Nurse (RN) # 1 who was also the Executive Director.

   a. Interview and review of the surveyor's observation with RN # 1 on 5/13/2020 failed to identify a safe system for screening visitors at the outside entrance through temperature checks and immediate review of written questionnaire, in order to protect the residents and the staff in the building;

   b. RN #1 subsequently asked the surveyor and the guardsmen to fill out a screening questionnaire regarding health, travel and exposure to COVID-19.

      RN #1 next obtained this surveyor's temperature using a non-thermoscan thermometer that touched the surveyor's forehead and temple. Without the benefit of sanitizing the thermometer, RN # 1 proceeded to check the temperature of the guardsmen, when the surveyor stopped RN # 1 and explained the path of contamination and lack of safe infection control practice;

   c. RN # 1 began sanitizing the thermometer, using hand sanitizer. Review of the ALSA policy on disinfecting a non-thermoscan thermometer between visitors to prevent cross-contamination, failed to identify directions for the use of appropriate disinfecting agents and the reference source for the policy;

d. The surveyor and the guardsmen conducted a tour of the facility on 5/13/2020 at 9:15 AM with RN # 1 and identified 16 ALSA clients who resided in the apartments on the first and second floors, however there was no hand sanitizing stations or hand-washing sinks in the hallways (outside the client rooms) on the first, second floors, and in the dining and common areas to ensure hand hygiene at all times without having to enter each client's room.

   The Center for Disease Control (CDC) guidelines directed the maintenance of hand hygiene station inside and outside of the resident rooms, resident care areas and common areas;

e. On 5/13/2020 at 9:40 AM, the surveyor observed Home Care Nurse #1 enter the Assisted Living Facility without any ALSA staff screening the home care nurse.

   The ALSA policy directed the provision of a temperature check and written screening questionnaire to all visitors prior to entering the facility.

accepted by
L. Nguyen on
6/1/2020 1E

June 1,2020

Loan Nguyen

Supervising Nurse Consultant

Facility Licensing and Investigations Section

Dear Ms Nguyen,

Please accept the following as our amended plan of correction subsequent to an unannounced visit on May 13,2020.

Section19-13 -D105(e)General requirements for an assisted living service agency(1)

a. No resident or staff member suffered any ill effects related to screening of visitors at the outside entrance.

1. On May 13,2020 upon the survey team departure, the entry way door to the assisted living facility was locked from the outside , therefore precluding any entry of visitors or vendors. Exit access from the building remains intact . Signs have been posted which direct persons to the skilled nursing facility entrance where a staff member is posted from 9am to 9pm. That staff member has been trained in screening any authorized persons requesting access to either building through temperature checking and COVID 19 symptom screening. The skilled nursing facility entry doors are locked from the outside during the hours of 9pm to 9am, with exit access intact. If a vendor requests access during the time the entrance is unmanned and locked, the facility phone number is posted and the nursing supervisor will greet the vendor, determine if access is necessary, and if so, will screen that person for COVID 9 symptoms and do a temperature check. All ALSA employees enter the building at the SNF employee entrance where COVID 19 symptoms and temperature checks are done. Screening of employee temperature and COVID 19 symptoms are screened multiple times a day by shift supervisors. Any employee with a fever > 100 degrees F or onset of COVID 19 symptoms are sent home and precluded from working with follow up by The SALSA/designee.

2. SALSA /designee will audit that the ALF doors are properly locked from the outside daily. A log will be kept in the SALSA office.

3. SALSA/designee will audit screening sheets daily for ALF visitors/venders

4. SALSA/designee will monitor the temperature taking and COVID 19 symptom interviews performed by facility staff for all visitors/venders entering the building daily.

b. No visitor suffered any ill effects related to an attempt to check the temperature of visitor #2 without sanitization of the thermometer. Visitor # 2 was not touched by the unsanitized thermometer.

1. The RN was inserviced on May 13,2020 as to proper procedures of sanitizing a thermometer between uses. The ALSA staff was inserviced on 5/22/20, 5/23/20, 5/25/20, and 5/26/20. The thermometer manufacturer was unable to forward written material in regards to the proper sanitizing of the temporal thermometer. Therefore on 5/27/2020 a thermascan thermometer was provided for use .The temporal thermometer was removed from the facility.

2. SALSA/designee will monitor three times a week for proper care of the thermometer per the manufacturers recommendations, a log will be kept in the office.

c. No resident, visitor or staff member has suffered any ill effects related to the sanitizing of the thermometer.

1. The RN was inserviced on May 13,2020 as to the proper disinfecting agent for sanitizing of the temporal thermometer as per facility policy, in addition the ALSA staff was inserviced on 5/22/20, 5/23/20 5/25/20 and 5/26/20

2. The temporal thermometer was discarded as the manufacturer could not provide written instructions as to proper sanitization of the thermometer, replaced by a thermascan thermometer.

3. SALSA /designee will monitor three times a week for proper care of the thermometer per the manufacturers recommendations, a log will be kept in the office.

d. No resident or staff member suffered any ill effects related to hand sanitizing stations or hand washing sinks in the hallways .

1. During the survey , the SALSA informed the representative that pocket size hand sanitizers were dispensed to the staff for personal use while providing residents' care.

2. On May 13, 2020 upon the survey team exit, multi use hand sanitizer dispensers were placed in the hallways and accessible to the staff for use in between resident care. The housekeeping department will replenish the hand sanitizing dispensers, checking daily and refilling as needed, and sign a task form daily.

3. Dining room and common areas are restricted use at this time, but hand sanitizers and hand washing sinks with soap are available in these central areas.

4. SALSA/designee will monitor for availability of hand sanitizers in the hallways daily. A log will be kept in the SALSA office.

e. No resident or staff member have suffered any ill effects related to The Home Care nurse #1 entering the building'

1. On May 13,2020 access to the facility was precluded by locking the entrance doors from the outside and directing all persons to a manned entrance at the skilled facility entrance where persons could be screened for purpose and symptoms of COVID 19.

2. SALSA/designee to audit screening sheets daily for ALF visitors/venders.

Respectfully submitted ,

Dorothy Wall RN

SALSA

The Roses at The Guilford House