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

June 12, 2020

Kelly Mazza, Executive Director
Suffield By The River Assisted LivingSservices Agency
7 Canal Road
Suffield, CT 06078
kmazza@lcbseniorliving.com

Dear Ms. Mazza

An unannounced visit was made to Suffield By The River on June 9, 2020 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation with additional information received through June 12, 2020.

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 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 June 22, 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 to Loan.Nguyen@ct.gov may be subject to disciplinary action. Please do not send another copy via US mail.
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 June 22, 2020 or if a request for a meeting is not made by the stipulated date,

DATE(S) OF VISIT: June 9, 2020

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

the violations shall be deemed admitted.

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 MSN, RN, C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

CT # 27728

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing authority for an assisted living services agency (4) (A) and/or (B) and/or (e) General requirements for an assisted living services agency (1) and/or (g) Supervisor of assisted living services

DATE(S) OF VISIT: June 9, 2020

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

(2) (A) and/or (B) and/or (i) Assisted living aide services provided by an assisted living services agency (1) and/or (5) (B)

1. Based on review of the facility documentation and interview with the agency personnel, for one of one client (Client # 1) who was found motionless and unresponsive on the apartment floor, the Assisted Living Services Agency (ALSA) Aide failed to prioritize the notification to the nurse, and the ALSA failed to ensure the client's safety through prior review of the delays in responding to the client's calls for assistance. The findings include:

Client #1 was admitted to the ALSA program on 8/17/2020 with diagnoses that included asthma, hypertension and chronic obstructive pulmonary disease.

The nursing assessment dated 1/15/2020 identified the need for partial assistance with transfers, and the use of a walker for transfers.

A Mini-Mental assessment dated 1/15/2020 identified a score of 29, interpreted as the client being oriented to person, place and time.

i. Review of the surveillance video recorded on 2/1/2020 indicated that ALSA Aide # 1 walked in to the Client#1's apartment with an armful of folded laundry, while Client # 1 lay motionless on the floor, next to chair tipped over on its side.

ALSA Aide # 1 stopped, placed the laundry on the kitchen counter, and looked at Client #1 on the floor of the apartment. The aide called the client's first name several times, then picked the laundry off the kitchen counter, stepped over the client and walked into another room.
The aide was subsequently seen coming back from that room with empty hands, stepping over the client, then walking out of the apartment into the hallway, seemingly looking around.

Review of the ALSA documentation and interview with ALSA Aide # 1 on 6/10/2020 at 8:35AM confirmed that ALSA Aide was delivering laundry when the aide found the client on the floor, the aide called the client's name without obtaining a response, and the aide stepped over the client to go put away the laundry in the next room before leaving the room to call for help.

Interview and review of the ALSA documentation with the Executive Director and Registered Nurse #1 (the Supervisor of Assisted Living Services Agency/SALSA) on 6/9/2020 failed to identify proper prioritization of tasks by ALSA Aide # 1 in an emergency situation, after finding Client # 1 on the floor motionless and unresponsive.

The agency policy on medical emergencies directed the immediate reporting to the nurse for 911 notification.

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

ii. Client #1's Admission Check list dated 8/17/2019 identified the use of a Life Line (an emergency neck pendant).

Interview and review of the Life Line Test and Inspection logs for the months of January and February 2020 with the Maintenance Director on 6/9/2020 identified the documentation of testing for Client # 1's Life Line, but failed to identify the specific day(s) the Life Line pendant was tested in January and February 2020.

The ALSA policy directed the Maintenance Director or designee to document in the log, a complete testing of the Life Line that included the date (s) and the initials of the employee who conducted the test.

Interview and review of the ALSA documentation with the Maintenance Director on 6/9/2020 indicated that Client # 1's Life Line pendant was not activated on 2/1/2020 prior to Client # 1 being found on the floor;

iii. According to Registered Nurse #1 in an interview on 6/9/2020, all client falls were discussed at the Quality Assurance (QA) Committee meetings, however review of the QA documentation with RN # 1 on 6/9/2020 failed to identify the documentation of the circumstances of Client # 1's fall on 2/1/2020, with a root cause analysis and interventions to prevent recurrences;

iv. The Smart Care print out (the facility summary of the response time to Client # 1's calls) indicated that on 1/30/2020 Client # 1 pressed the call pendant at 2:01 pm and the facility staff responded at 2:28 pm (27 minutes later); on 1/29/2020 Client # 1 the call pendant at 2:54 pm and the facility staff responded at 3:26 pm (32 minutes later).

Interview and review of the Smart Care printout with the Executive Director on 6/9/2020 failed to identify timely response by the ALSA staff to Client # 1's calls for assistance within ten minutes, in accordance with the ALSA policies and procedures;

v. The ALSA policy on Urgent and Emergency Needs Response directed the weekly printing of call reports for review by the Resident Care Director, the Executive Director or designee, and for investigation of call responses that exceeded ten minutes, with the documentation of the reason for the delay.

Interview and review of the ALSA documentation with the Executive Director on 6/9/2020 failed to identify an investigation into the delays in response to Client # 1's calls for

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

assistance in January 2020 as directed by the ALSA policy.

SUFFIELD
by the River

7 Canal Road
Suffield, CT 06078
T 860-668-6672

POC accepted by L. Nguyen on 6/30/2020 KS

June 30, 2020

Loan Nguyen, MSN, RN, C.
Supervising Nurse Consultant
Façility and Licensing Investigations Section
State of Connecticut
Department of Public Health

Dear Ms. Nguyen,

The following plan of correction is being submitted on behalf of Suffield by the River in response to an unannounced visit by your department on June 9, 2020 for the purpose of an investigation related to a complaint. The plan of correction is set forth not as an admission of any wrongdoing, but rather as an opportunity to comply with the alleged violations.

Suffield by the River
Plan of Correction
June 22, 2020
Revised June 30, 2020

Regulations of Connecticut State Agencies Section 19-13-D105(d) Governing authority for assisted living services agency (4)(A) and/or (B) and/or (e) General requirements for assisted living services agency (1) and/or (g) Supervisor of assisted living services (2) (A) and/or (i) assisted living aide services provided by an assisted living agency (1) and/or (5) (B).

(1). Measures Institution intends to implement or systemic changes that the institution intends to make to prevent recurrence:

The violation is about a staff member who did not prioritize during emergencies.
In response to the finding that an ALSA aide did not prioritize an emergency over laundry.
The community will provide the following:

- In-services with nurse aides on emergency response.
- In-services with nurse aides on medical emergencies vs non- medical emergencies.
- In-services with nurse aides regarding notification of when RN nurses are physically in the community and when the RN nurses are not physically in the community (RN on call).
- In-services with nurse aides on resident- sensitivity training.
- In-services with nurse aides on resident care priorities.

POC accepted 6/30/2020 by CMS

- Community received video from resident's attorney and upon viewing and investigating, associate was terminated from employment on June 15, 2020.

Date of each corrective measure or change by institution is effective: July 21, 2020

Institutions plan to monitor its quality assessment and performance improvement functions to assure corrective measures or systemic changes are sustained:

- Incident reports will be reviewed daily to identify any accidents and incidents.
- Nurses will monitor nurse aide communication logs daily to identify emergencies.
- Nurses will communicate during 1st and 2nd shifts directly with aides regarding any emergencies.

Title of institution's staff member responsible for assuring compliance:
Resident Care Director (SALSA) or designee

Measures Institution intends to implement or systemic changes that the institution intends to make to prevent recurrence:

The violation letter was in response to a log for recording tests of the lifeline, that the log was missing dates of training. In response that the lifeline pendant inspection log failed to identify the specific days the pendant was tested in the months of January and February 2020, the community will utilize the lifeline pendant inspection log to ensure that the log includes the date (s) of testing and a signature of the associate completing the test.

Date of each corrective measure or change by institution is effective: June 18, 2020

Institutions plan to monitor its quality assessment and performance improvement functions to assure corrective measures or systemic changes are sustained:

- The lifeline pendant inspection log will be reviewed by the Executive Director monthly for the purposes of auditing compliance.

Title of institution's staff member responsible for assuring compliance:
Maintenance Director
Executive Director or designee

(3). Measures Institution intends to implement or systemic changes that the institution intends to make to prevent recurrence:

The violation letter was about root cause analysis of incidents and that the nurse aide not knowing how to prioritize.

- The root cause analysis will be conducted by the SALSA or his/her designee. The structure of the root cause analysis will include the following:
  (1) Daily review of accident and incident reports by nursing staff

POC accepted by CSW on 6/30/2020 AS

(2) Development of a workflow where accidents and incidents are reported promptly.
(3) The SALSA and the Executive Director receive progress notes and accident and incident reports via email.
(4) In-servicing the nurse aide staff regarding medical emergencies and emergency response.
(5) Identify root cause of incidents and accidents utilizing incident reports, discussions with staff, discussions with resident, discussions with family members or legal representatives, discussions with skilled providers of care (nursing, PT, OT, speech, hospice) if applicable, and utilizing analytical trend analysis.
(6) Consulting with the QA Committee for guidance.

Date of each corrective measure or change by institution is effective: June 23, 2020

Institutions plan to monitor its quality assessment and performance improvement functions to assure corrective measures or systemic changes are sustained:

- Reporting to the QA Committee every 120 days
- Reporting to the Governing Authority twice per year

Title of institution's staff member responsible for assuring compliance

- Resident Care Director (SALSA) or designee
- Executive Director or designee

(4). Measures Institution intends to implement or systemic changes that the institution intends to make to prevent recurrence:

The violation letter was about direct staff not following ALSA policies which directed the staff to respond to client calls within 10 minutes.

- In-service staff on ALSA pendant response time policy.
- Weekly review of pendant response report in morning meeting. If times are greater than 7-10 minutes determining the root cause for the delay.

Date of each corrective measure or change by institution is effective: June 30, 2020

Institutions plan to monitor its quality assessment and performance improvement functions to assure corrective measures or systemic changes are sustained:

On a monthly basis the Executive Director will review pendant response times greater than 7-10 minutes.

Title of institution's staff member responsible for assuring compliance
Executive Director or designee

POC accepted by Edwin 6/30/2020 jcb

(5). Measures Institution intends to implement or systemic changes that the institution intends to make to prevent recurrence:

In response to the violations letter, the policy on urgent and emergency needs response, the Executive Director or designee will investigate pendant call responses that exceed ten minutes and provide documentation for the reason of the delay. This documentation will be maintained in the pendant response log.

Date of each corrective measure or change by institution is effective: June 30, 2020

Institutions plan to monitor its quality assessment and performance improvement functions to assure corrective measures or systemic changes are sustained:

The Executive Director and SALSA will collaborate on a monthly basis to assure that the pendant response checks are occurring.

- Oversight by the QA Committee every 120 days.
- Oversight by the Governing Authority twice yearly.

Title of institution's staff member responsible for assuring compliance
Executive Director or designee

If you have any questions, please do not hesitate to contact me at (860) 668-6672.

Sincerely,

Kelly Mazza

Kelly Mazza
Executive Director Specialist