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 23, 2020

Martha Holmes, Supervisor of Assisted Living Services Agency
BAL Rocky Hill
1160 Elm Street
Rocky Hill, CT 06067
Mholmes@benchmarkquality.com

Dear Ms. Holmes:

An unannounced visit was made to BAL Rocky Hill on June 20, 2020 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an 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 violation 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 July 3, 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.

DATE OF VISIT: June 20, 2020

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

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 July 3 2020 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

Loan D Nguyen

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

LDN:lst

POC accepted 9-2-2020 KS

DATE OF VISIT: June 20, 2020

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

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)(F) and/or (h) Nursing Services provided by an assisted living services agency (1)(i) Assisted living aide services provided by an assisted living services agency (5)(B).

1. Based on review of the clinical record, agency documentation and interview with agency personnel, for one of four clients (Client # 4) in the survey sample, the assisted living services agency (ALSA) failed to follow their own policies and/or procedures in infection control. The findings include:
   a. Client # 4 was admitted to the Memory Care Unit on 11/30/19 with diagnoses that included benign essential hypertension, diabetes mellitus, cognitive communication deficit and arteriosclerotic dementia.

      Surveyor observation on 6/20/2020 at 11:15AM indicated that ALSA Aide # 1 brought a client to the outdoor visiting area to meet with family, and the client did not wear any facial covering. The family told the aide that the client was not their family member, and the aide brought the client back inside the facility. A few minutes later, ALSA Aide # 1 came back with Client # 4, and Client # 4 did not have any facial covering. The family remarked that the client did not have any facial covering. ALSA Aide # 1 replied, "Oh you want (the client) to have a mask?"

      ALSA Aide # 1 assisted Client # 4 to the table set outside for visitation, then went back inside the facility and came back with a cloth face covering that the aide applied to the client's nose and mouth. The visiting family wore a disposable surgical mask.

      Review of the ALSA documentation did not identify any prior trial of donning a face covering on Client # 4 and meeting with resistance, declination or increased confusion.

      Interview with the Supervisor of Assisted Living (SALSA) on 6/20/2020 at 11:20AM indicated that the SALSA expected the aides to don face covering on the client's nose and mouth prior to the outdoor visitation.

      The ALSA policy on outdoor visitation required the client to wear a mask during the outdoor visit, properly covering nose and mouth at all times.

POaccepted
9-2-2020
KS

State of Connecticut Department of Public Health Plan of Correction
The Atrium at Rocky Hill
Date of Visit – June 20, 2020
BENCHMARK SENIOR LIVING

This Plan of Correction is filed as evidence of this Assisted Living Community continuing commitment to quality care and as required by applicable law. The filing of this Plan of Correction does not constitute and may not be construed as any admission regarding the alleged violations.

Alleged Violation 1a.:	Section 19-13-D105 (d) Governing authority of an assisted living services agency (4)(F) and/or (h) Nursing Services provided by an assisted living services agency (1)(i) Assisted living aide services provided by an assisted living services agency (5)(B). • ALSA Failed to follow their own policies and/or procedures in infection control
Measures to Prevent the Recurrence 1a:	• Residents to be assessed for ability to wear a mask. If a resident is unable to wear a mask, due to an underlying medical condition, resistance, declination or increased confusion or any other reason, the resident's service plan will be reflective of this. • Re-education to associates on Outdoor Visitation Guide. • Ensure that residents who tolerate masks are wearing one during an outdoor visit. If resident is unable to tolerate wearing a mask due to cognitive illness or any underlying medical conditions, then appropriate social distancing during the outdoor visit will be ensured by ALSA.
Date Measures will be Effective	7/6/2020
Communities Plan to monitor its quality assessment and performance improvement to ensure that the corrective measure or systemic change is sustained	• Weekly audit of residents during outside visits to ensure a mask is donned if applicable to service plan. • Weekly audits to remain in place for four weeks and then randomly the length of time Outdoor Visitation Guide is in effect.
Person Responsible for Monitoring	SALSA or designated supervisor