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

November 2, 2020

Nancy Papa, Supervisor of Assisted Living Services Agency
The Elim Park Baptist Home, Inc
140 Cook Hill Road
Cheshire, CT 06410

NPapa@elimpark.org

Dear Ms. Papa:

An unannounced visit was made to The Elim Park Baptist Home Ine on April 17, 2018 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a licensing inspection.

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 November 12, 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.

Phone: (860) 509-7400 • Fax: (860) 509-7543
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

DATE(S) OF VISIT: April 17, 2018

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

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 12, 2020 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

If there are any questions, please do not hesitate to contact this office at Loan.Nguyen@ct.gov.

Respectfully,

Loan D Nguyen

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

LDN:lst

DATE(S) OF VISIT: April 17, 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 (k) Client service record (2) (L)

1. Based on clinical record review and interview with facility personnel, for three of three assisted living services agency (ALSA) clients (Clients #1, #2 and #3) who received services from the ALSA aides, the Supervisor of Assisted Living Services Agency (SALSA) failed to review the aide documentation to ensure the quantity and frequency of the care provided. The findings include:

A. Client #1 was admitted to the ALSA program on 4/14/17 with diagnoses that included polymyalgia rheumatica, hypothyroidism and osteoarthritis.

Interview and review of the Client Service Record with the SALSA on 4/17/18 at 2:30 PM identified the need for ALSA aide services for assistance with activities of daily living, but failed to identify review by the SALSA of the ALSA aide daily documentation of the care provided to Client # 1.

B. Client #2 was admitted to the ALSA program on 9/12/16 with diagnoses that included lung cancer.

Interview and review of the Client Service Record with the SALSA on 4/17/18 at 2:30 PM identified the need for ALSA aide services for assistance with activities of daily living, but failed to identify review by the SALSA of the ALSA aide daily documentation of the care provided to Client #2.

C. Client #3 was admitted to the ALSA program on 6/3/16 with diagnoses that included chronic pulmonary obstructive disease, atrial fibrillation and hypertension.

Interview and review of the Client Service Record with the SALSA on 4/17/18 at 2:30 PM identified the need for ALSA aide services for assistance with activities of daily living, but failed to identify review by the SALSA of the ALSA aide daily documentation of the care provided to Client #3.

DATE(S) OF VISIT: April 17, 2018

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 (l) Quality assurance program for an assisted living service agency (1)

2. Based on review of the facility documentation and interview with facility personnel, the ALSA failed to ensure the physician's attendance and participation in the Quality Assurance Program. The findings include:

A. Interview and review of the ALSA Quality Assurance documentation with the SALSA on 4/17/18 at 2:30 PM identified the inclusion of a registered nurse, a social worker and a physician in the Quality Assurance Committee, but failed to identify attendance and participation from the physician in the Quality Assurance Committee meetings conducted in 2017 and 2018.

Accepted 11/18/2020
R Bazzini 11:10 Am
11-19-2020 Rob cota
Nancy PAPA

November 10, 2020

To: Loan Nguyen, RN, MS
Supervising Nurse Consultant
Facility Licensing and Investigations Section
Department of Public Health

From: Rob Cota
Administrator of Independent Living
Elim Park Baptist Home, Inc.

RE: Clinical Violations

The facility requests that this Plan of Correction serve as its written credible allegation of substantial compliance with all requirements. Submission of this Plan of Correction does not constitute an admission of agreement by the facility, its officers, directors, employees, or agents, as truth of the facts alleged or of the validity of the conclusion set forth on the Statement of Deficiencies.

Completion Date: April 24, 2018

I. **Section 19-13-D105 (k) Client service record (2) (L)**

1. A weekly ALSA activity sheet sign off form was created to ensure a weekly review of ALSA aide activity sheets occurred .
2. Completion date was effective April 24, 2018
3. Review of the aide activity sheets will be at every QA meeting.
4. Director of Assisted Living Services or Designee is responsible for the continued monitoring of above.

RB 11/18/2020

II. **Section 19-13-D105 (1) Quality assurance program for assisted living services agency (1)**

1. At each Med Staff meeting the physician will be informed of the results from the Quality Assurance meetings and will sign off on the minutes.
2. Completion date was effective June , 2018
3. Medical Staff meeting minutes will be reviewed to assure MD signed off
4. Director of Assisted Living Services or Designee is responsible for the continued monitoring of above