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

October 20, 2020

Laurie Lofgren, Executive Director
Maplewood At Newtown
166 Mt Pleasant Road
Newtown, CT 06470

llofgren@maplewoodsl.com

Dear Ms. Lofgren:

An unannounced visit was made to Maplewood At Newtown on September 2, 2020 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an infection control inspection during the COVID-19 pandemic.

Attached is the 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 October 30, 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.

Connecticut Department of Public Health

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
Affirmative Action/Equal Opportunity Employer

DATE(S) OF VISIT: September 2, 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 October 30, 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 Loan.Nguyen@ct.gov.

Respectfully,

Loan D Nguyen

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

LDN:lst

DATE(S) OF VISIT: September 2, 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 (e) General requirements for an assisted living services agency (1).

1. Based on review of the facility documentation and staff interview, the Assisted Living Services Agency (ALSA) failed to conform to the Governor's Executive Orders 7UU and 7AAA on the weekly facility staff testing for COVID-19. The findings include:

a. Executive Orders 7UU and 7AAA from the Governor directed the mandatory testing in Assisted Living Services Agencies (ALSA) and Managed Residential Communities (MRC) beginning the week of June 28, 2020 for all staff that had not previously tested positive for COVID-19, with ongoing weekly testing for the duration of the public health and civil preparedness emergency, or until testing identified no new cases of COVID-19 among residents or staff over at least 14 days since the most recent positive result, whichever occurred first.

Interview and review of the facility testing roster with the Regional Director on 9/02/2020 indicated that the facility tested all staff on 7/01/2020, 7/15/2020 and 7/29/2020 but failed to identify weekly testing of staff members until the facility reached a period of at least 14 days with no new COVID-19 cases, and failed to identify conformance with the Governor Executive Orders on staff testing for COVID-19.

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Respectfully,

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Loan Nguyeyn MSN, RN, C.
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1. Based on review of the facility documentation and staff interview, the Assisted Living Services Agency (ALSA) failed to conform to the Governor's Executive Orders 7UU and 7AAA on the weekly facility staff testing for COVID-19. The findings include:

a. Executive Orders 7UU and 7AAA from the Governor directed the mandatory testing in Assisted Living Services Agencies (ALSA) and Managed Residential Communities (MRC) beginning the week of June 28, 2020 for all staff that had not previously tested positive for COVID-19, with ongoing weekly testing for the duration of the public health and civil preparedness emergency, or until testing identified no new cases of COVID-19 among residents or staff over at least 14 days since the most recent positive result, whichever occurred first.

Interview and review of the facility testing roster with the Regional Director on 9/02/2020 indicated that the facility tested all staff on 7/01/2020, 7/15/2020 and 7/29/2020 but failed to identify weekly testing of staff members until the facility reached a period of at least 14 days with no new COVID-19 cases, and failed to identify conformance with the Governor Executive Orders on staff testing for COVID-19.

KSMS Connecticut, Inc.
Plan of Correction
November 5, 2020

POC accepted 11/12/2020 MD

Findings:

1. The Facility failed to test all staff that had no previously tested postive for COVID-19 beginning the week of June 28, 2020 for all staff that had not previously tested positive for COVID-19, with ongoing weekly testing for the duration of the public health and civil preparedness emergency or until testing identified no new cases of COVID-19 among residents or staff over at least 14 days since the most recent positive results.

Plan of Correction:

1. While the Facility did test all staff on July 14, 2020 and all staff on July 29, 2020, and all results of staff testing were negative for COVID-19 the Facility acknowledges that it mistakenly believed that weekly tested was not required because the Faciilty did not have any staff test postive for COVID-19. The Facilty has, since August 1, 2020 followed the Executive Orders 7UU and 7AAA, and in the event of any positve result among staff or residents, the Facilty will test all staff for COVID-19 on a weekly basis until such time as testing identifies no new cases of COVID-19 among residents or staff over at least 14 days since the most recent positive result.

2. The Facility notes that it does not have any COVID-19 positive test results among residents or staff.

3. The Executive Director and the ALSA Maureen Gwazda shall confirm on a weekly basis that no staff or residents have tested positive for COVID-19, and in the event of a positive case, ensure that weekly testing is commenced immediately.

4. The Executive Director is responsible for ensuring compliance with this Plan of Correction.

Findings:

1. The Facility failed to ensure that all staff providing care to residents wear a surgical mask rather than a cloth mask.

Plan of Correction:

1. The Facility has implemented a policy which requires all staff to wear surgical masks when providing care to non-COVID-19 positive residents. The Faciilty has an adequate supply of surgical masks and has trained staff on the location of surgical mask supplies within the Facility as of September 13, 2020.

2. All staff were retrained on September 13, 2020 on the use of surgical masks when providing care for non-COVID positive residents.

poaccepted
11/12/2020
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3. The ALSA Maureen Gwazda and all nursing staff shall monitor all nurses and other staff throughout each shift to ensure compliance with the Facility's policy.

4. ALSA Maureen Gwazda is responsible for ensuring compliance with this Plan of Correction