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 26, 2020

Danielle Elliott-Jackson, Executive Director
Spring Village At Danbury
8 Glen Hill Road
Danbury, CT 06811

executive.director@springvillagedanbury.com

Dear Ms. Elliott-Jackson:

An unannounced visit was made to Spring Village At Danbury on September 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.

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 5, 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(S) OF VISIT: September 13, 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 violations and you may be provided with the opportunity to be heard. If the violations are not responded to by November 5, 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

CT # 28211

DATE(S) OF VISIT: September 13, 2020

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 D19-13-D105 Assisted living services agency (d) Governing authority of an assisted living services agency (4) (A) and/or (e) General requirements for an assisted living services agency (1) and/or (g) Supervisor of assisted living services (2) (B) and/or (h) Nursing Services provided by an assisted living agency (3) (D) and/or (4) (C) and/or (k) Client service record (2) (K).

1. Based on review of the clinical record and interview with agency staff, for one of one client (Client #1) who received Assisted Living Services Agency (ALSA) aide services to assist with the self-administration of medications, the ALSA failed to appropriately assess the client, and the ALSA failed to conform to the Governor's Executive Orders 7UU and 7AAA regarding the weekly staff testing for COVID-19. The findings include:
   Client #1 was admitted to the ALSA on 12/01/18 with diagnoses that included memory loss, hypothyroidism and osteoporosis.
   The client's daily medications included Aspirin, thyroid medication, and Multivitamins.
   The client's service plan dated 6/14/2020 indicated that the family member pre-poured the medications once a week for the client, and the ALSA aide reminded the client to take the medications each day.
   a. Interview and review of the client's clinical record with the Supervisor of Assisted Living Services Agency (SALSA) on 9/17/2020 indicated that although the Connecticut Public Health Code for assisted living services agencies (ALSA) specified that only the clients able to self-administer medications (the clients were knowledgeable about the purpose of the medications) would receive "reminders" from the ALSA aides, the SALSA could not locate a nursing assessment from the ALSA Registered Nurse (RN) to determine the client's ability to self-administer medications, prior to allowing the family to pre-pour medications and /or assigning an ALSA aide to "remind" the client to take the daily medications.
      On 9/08/2020, the SALSA documented a "resident self-administration test for medications" which determined that the client was not able to identify the purpose of the medications ordered by the physician.
      The agency's policy on Medication Pre-pouring advised against the pre-pouring of medications for residents with cognitive impairment, and for the residents who could not manage their own medications and required nursing intervention.
   b. The facility documentation dated 7/6/2020 indicated that Client #1's air conditioner was not functioning for four days, the Client remained inside the apartment (because of the pandemic) during the extremely warm weather, and failed to identify notification to the next-of-kin of the unavailability of the air conditioning for the client's comfort and improved breathing ability;
   c. 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

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

occurred first.
Interview and review of the facility testing roster with the Executive Director on 9/17/2020 indicated that the facility tested all associates on 7/01/2020 and 7/02/2020, tested a partial number of associates on 7/07/2020 and 7/09/2020, then tested all associates on 7/19/2020 and 7/20/2020, and failed to identify the consistent testing of 100% of MRC and ALSA staff on a weekly basis 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;

d. On 7/31/2020, ALSA Aide #1 tested positive for COVID-19. Interview and review of the facility testing roster with the Executive Director on 9/17/2020 indicated that the facility tested all clients and all associates on 8/05/2020 and 8/06/2020, then thirteen days later on 8/18/2020 and 8/19/2020, and failed to identify the resumption of weekly testing of ALSA and MRC staff following the positive test results from ALSA Aide # 1, 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.

Spring Village at Danbury
A WoodBine Senior Living Community

POC accepted 11/19/2020 AS

8 Glen Hill road, Danbury Ct 06811
Tel:203-7480506; Fax 2037480196

SUMMARY STATEMENT OF DEFICIENCIES	ALSA PLAN OF CORRECTION	COMPLETION DATE
Violation of the Regulations of Connecticut State Agencies Section D19-13-D105 Assisted living services (d) Governing authority of an assisted living service agency (4) (A) and /or € General requirements for assisted living services agency (1) and /or (g) Supervisor of assisted living services (2) (B) and/ or (h) Nursing Services provided by an assisted agency (3) (D) and/or (4) (c) and/ or (4) (C) and /or (k) Client service record (2) (K). 1. Based on review of the clinical record and interview with the agency staff, for one of one client.(Client #1) who received Assisted Living Services Agency (ALSA) aide services to assist with the self - administration of medication, the ALSA failed to appropriately assess the client, and the ALSA failed to conform to the Governor's Executive Orders 7UU and 7AAA regarding the weekly staff testing for COVID-19. The findings include: Client # 1 was admitted to the ALSA on 12/01/2018 with diagnoses that included memory loss, hypothyroidism and osteoporosis. The client daily medication included Aspirin, thyroid medication, and a multivitamin Medications once a week for the client, and the ALSA aide reminded the client to take the medication each day.	This Plan of Correction is submitted as required under State regulation and statues applicable to Assisted Living Providers. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the investigators' findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited are correctly applied	

Spring Village at Danbury
A WoodBine Senior Living Community

8 Glen Hill road, Danbury Ct 06811
Tel:203-7480506; Fax 2037480196

Poc accepted 11-19-2020 ds

a. Interview and review of the clients clinical record with the Supervisor of Assisted Living Services Agency (SALSA) on 9/17/2020 indicated that although the Connecticut Public Health Code for assisted living services agencies (ALSA) specified that only the clients able to self administer medication(the clients were knowledgeable about the purpose of the medication) would receive" reminders" from the ALSA aides, the SALSA could not locate an assessment from the ALSA Registered Nurse (RN) to determine the clients ability to self –administer medication , prior to allowing the family to pre-pour medication and/or assigning a, ALSA aide to "remind" the client to take daily medications. On 9/08/2020, the Salsa Documented a "resident self-administration test for medication" which determined that the client was not able to identify the purpose of the medications ordered by the physician. The agency's policy on medication pre-pouring advised against the pre-pouring of medication for residents with cognitive impairment, and for residents who could not manage their own medication and required nursing interventions.	Corrective action for the residents affected by the alleged deficient practice: Res #1 assessment completed with no negative outcomes. POA was notified that the resident had a change in level of care: 1. Medication preparation and pre-pouring must be done by the facility License staff. 2. Medication administration must be monitored by a License Staff. All Nurses involved was educated by the DON on the policy and procedure of self-administration and pre-pouring of medication. No negative outcome was identified by the alleged deficient practice. Corrective action taken for those residents having the potential to be affected by the alleged deficient practice: 1. Institution policy was corrected in September to reflect the need for a medication assessment for all incoming residents. 2. All charts of residents on self administration of medication are currently being reviewed for self –administration assessment. In the event of a missing assessment, an initial assessment will be completed. 3. All residents on self administration of medication will be subjected to medication reassessment every 120 days. 4. Family members/POA that prepour medication will be assessed every 365 days. 5. All changes will be reflected on resident plan of care (the plan of care is signed by the POA) this is a formal notification	9/9/2020 9/9/2020 9/9/2020 9/9/2020 The facility is aiming for 100% completion by 12/5/2020
b. The facility documentation dated 7/6/2020 indicated that Client #1's air conditioner was not functioning for four days, the Client remained inside the apartment	1.The Client was offered a fan in the absence of the air conditioner 2.The air conditioner unit was replaced	

Spring Village at Danbury
A WoodBine Senior Living Community

pol accepted 11-19-20 MD

8 Glen Hill road, Danbury Ct 06811
Tel:203-7480506; Fax 2037480196

(because of the pandemic) during the extremely warm weather, and failed to identify notification to the next-of-kin of the unavailability of the air conditioner for the Clients comfort and improved breathing ability	3. Facility instituted new policy and procedure and educated all directors: family POA/next-of-kin will be notified of all complaints, changes: systemic and structural issues affecting residents.	9/19/2020
c. Executive Orders 7UU and 7AAA from the Governor directed the Mandatory testing in Assisted Living Services Agencies (ALSA) and Managed Resident Communities (MRC) beginning the week of June 28, 2020, for all staff that had not previously tested positive for COVIS -19. With ongoing weekly testing for duration of the public Health and civil preparedness emergency, or until testing identified no new cases of COVID -19 among residents or staff at least 14 days since the most recent positive results, which ever occurred first. Interviews and review of the facilities testing roster with the executive Director on 9/17/2020 indicated that the facility tested all associates on 07/01/2020 and 07/02/2020, tested a partial number of associates on 7/7/2020 and 7/09/2020, then tested all associates on 7/19/2020 and 7/20/2020 and failed identify the consistent testing of 100% of MRC and ALSA staff on a weekly basis 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	Following EO 7 UU and 7AAA, the last positive test in the facility was 5/28/2020. The facility carried out 2 rounds of weekly testing with 100% negative 0n the 7/1 &7/ and then again 7/7 &7/9. By the EO mentioned above, there was no need for further testing as there were no new positive cases. The next round of testing was completed in 10days.	
d. On 7/31/2020, ALSA Aide #1 tested positive for COVID -19. Interview and review of the facility roster with Executive Director on 9/17/2020 indicated that the facility tested all clients and all associates on 8/5/2020-8/6/2020 , then 13 days later on 8/18/2020 and 8/19/2020, and failed to identify the resumption of	No negative outcome was identified by the alleged deficient practice. Aide #1 was tested positive post vacation; the test in question was performed at a local urgent care (rapid test).	

Spring Village at Danbury
A WoodBine Senior Living Community

8 Glen Hill road, Danbury Ct 06811
Tel:203-7480506; Fax 2037480196

Poc accepted 11/9/2020 KD

weekly testing of ALSA and MRC staff following the positive test result from ALSA Aide #1, until the facility reached a period of 14 days with no new COVID-19 cases, and failed to identify conformance with the Governor Executive Orders on Staff Testing for COVID-19.	The employee was asked to come in and have a PCR done which was also positive. Since the staff was on vacation and likely contracted COVID-19 during that time, the facility was not exposed. 1. According to EO 7UU and &7AAAA. There was no need to retest staff weekly as the staff were tested at 6 & 7 days after the last positive:(Who was on vacation and not in the facility) for 100% negative. The last positive patient 2. The facility followed the guidance from blast fax 2020-87 and resume testing 50% of the staff biweekly for 100% monthly 3. Staff are tested weekly unless tested positive in the last 90 days. 3. Policy instituted and all staff educated on policy and procedure for COVID-19 testing.	7/28/2020 results 7/31/20 9/1/2020 10/28/2020 10/28/2020