Maplewood
of
Southport
Approved
POC
&
VL
eid 10/14/2020

Weltmann

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 27, 2020

Jean A. Laurenceau, Supervisor of Assisted Living Services Agency
Maplewood At Southport
917 Mill Hill Terrace
Southport, CT 06890

Southportrsd@maplewoodsl.com

Dear Ms. Laurenceau:

An unannounced visit was made to Maplewood At Southport on October 14, 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 6, 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: October 14, 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 6, 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 # 28654

DATE(S) OF VISIT: October 14, 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 Assisted Living (1) and/or (h) Nursing services provided by an assisted living services agency (3) (D) and/or (k) Client service record (2) (K).

1. Based on clinical record review and staff interview, for one of one client (Client # 1) who tested positive for Covid-19, the Assisted Living Services Agency (ALSA) failed to ensure the provision of appropriate personal protective equipment (PPE) for the staff in contact with the client, and failed to orient involved staff to the ALSA emergency policies and procedures for Covid-19. The findings include:
   a. Client #1 was admitted to the ALSA program on 7/16/19 with diagnoses that included esophageal varices, diabetes mellitus type II, cognitive disorder, hepatitis, hypothyroidism, and sleep apnea. The Client Service Plan dated 7/12/2020 identified the need for assistance with bathing, dressing, incontinence care and medication administration.
   Client #1 also employed a private help 24 hours a day, 7 days a week.
   On 9/17/2020 Client #1 tested positive for Covid-19.
   Interview with Licensed Practical Nurse (LPN) #1 on 10/14/2020 at 1:17 PM indicated that LPN # 1 worked the 3 PM to 11 PM shift, administered medications to Client #1in the day that followed 9/17/2020, wearing a surgical mask with no eye protection (face shield, personal eye glasses or goggles) and failed to identify adequate protective equipment (PPE) utilized during the provision of care to a Covid-19 positive client.
   The guidelines from the Center for Disease Control (CDC)
   https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html
   direct the healthcare worker (HCW) to utilize eye protection during activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable;
   Interview with Client # 1's private help on 10/14/2020 at 1:30 PM indicated that the private help had a N95 mask that the private help often wore below the chin instead of covering the nose and the mouth during work hours inside the client's apartment, failed to identify proper use of PPE equipment during work hours inside the facility, and failed to identify documentation from the ALSA that the private help was oriented to the client's plan of care and to the ALSA emergency policies and procedures on Covid-19.

POC Approved
11/27/2020
M Jan Sousa RN

MAPLEWOOD
senior living

November 5, 2020

By Email to Loan.Nguyen@ct.gov

Ms. Loan Nguyen, R.N., M.S.N., B.C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section
State of Connecticut
Department of Public Health
410 Capitol Avenue
P.O. Box 340308
Hartford, CT 06134

Re: Maplewood at Southport ALSA, LLC/Maplewood at Southport, LLC

Dear Ms. Nguyen:

This letter is in response to your letter dated October 27, 2020 regarding Maplewood at Southport ALSA, LLC (the "ALSA"), the licensed provider of assisted living services at Maplewood at Southport, an assisted living community (the "Community") operated by Maplewood at Southport, LLC (the "Operator"), located in Southport, Connecticut. This letter does not constitute an admission that the law has been violated as alleged in the letter, that the facts as alleged in the letter are true, or of any other wrongdoing. Rather, this letter is set forth as a comprehensive Plan of Correction for the following alleged violations of the Regulations of Connecticut State Agencies and/or the General Statutes of the State of Connecticut which were noted during an unannounced visit by a representative of the State of Connecticut Department of Public Health Facility Licensing and Investigations Section on October 14, 2020.

1. Violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (e) General Requirements for Assisted Living (1) and/or (h) Nursing services provided by an assisted living services agency (3)(D) and/or (k) Client service record (2)(K).

   A. Measures to Prevent Reoccurrence:

      1. On September 19, 2020, the Supervisor of Assisted Living Services Agency (the "SALSA") educated (i.e. in-serviced) all staff at the Community regarding utilization of proper personal protective equipment ("PPE") and adherence to standard and transmission-based precautions when caring for patients with confirmed or suspected Covid-19.

Maplewood Senior Living
One Gorham Island
Westport, Connecticut 06880
Phone: 203.557.4777
Fax: 203.557.4783
www.maplewoodseniorliving.com

POC Approved
11/27/2020

MAPLEWOOD
senior living

2. The RN shall continue to educate all new Community hires, as all well as all other personnel falling under the Connecticut Department of Public Health's definition of "staff", including private help working at the Community.

3. All client service plans will continue to include instructions on proper infection precautions and appropriate PPE to be used with each client. All private help working in the Community shall be oriented to their respective client's plan of care, such orientation to be evidenced by the private help's signature on the applicable client's service plan.

4. A copy of the most current service plan will be kept in the client's apartment for easy access and to be reviewed as needed by the client's private help, if any.

5. By November 15, 2020, the SALSA will review all service plans for clients at the Community to ensure that all private help working at the Community have been oriented to their respective client's plan of care, and that all private help have signed their respective client's service plan.

B. Date of Corrective Action Plan ("CAP"):

All corrective action as indicated above will be completed by November 15, 2020, except for on-going monitoring.

C. Plan to Monitor/Audit:

1. The SALSA and/or RN Designee will audit compliance with in-service at least three (3) times per week for the following six (6) months by walking the corridors and entering client's apartments when care is being provided or medication is being administered to confirm that proper PPE is being used by staff and private help, if applicable, at all times and according to the service plan. At least 25% of the audits will take place on the 3:00 p.m. - 11:00 p.m. and 11:00 p.m. - 7:00 a.m. shifts at the Community.

2. For the following six (6) months, the SALSA and/or RN Designee will review once per month or with each client's change of condition, if sooner, that any private help working in the Community have been oriented to the respective client's plan of care as evidenced by private help's signature on the applicable service plan. The expectation is to reach compliance of at least 95% for the final month of the six (6) month period. The monitoring of private help orientation as evidenced by private help's signature on the

POC Approved
11/27/2020
M San Souci RN

MAPLEWOOD
senior living

applicable service plan will be added to the quarterly quality assurance ("QA") review, and the process and results will be audited every quarter for one (1) year following the completion of the POC.

D. Staff Member Responsible for Monitoring the Plan of Correction:

The staff member responsible for ensuring the Community's compliance with this Plan of Correction will be the Supervisor of Assisted Living Services Agency of the Community.

Should you have any questions, please contact me at (203) 418-7963.

Respectfully submitted by,

Jean Laurenceau, RN
Supervisor of Assisted Living Services Agency
Maplewood at Southport

CP:aa
cc: Thamara Barbosa-Tirri (by email)
Amy Silva-Magalhaes (by email)
Brian Geyser (by email)
Constantin Popescu (by email)
Shane Herlet (by email)
David Cahill (by email)
Arthur E. Miller (by email)

Maplewood Senior Living
One Gorham Island
Westport, Connecticut 06880
Phone: 203.557.4777
Fax: 203.557.4783
www.maplewoodseniorliving.com