Bridges By Epoch

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Approved POC

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# 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 19, 2020

Trish Keaney, Executive Director
Bridges By Epoch At Trumbull
2415 Reservoir Avenue
Trumbull, CT 06611

tkeaney@Bridgesbyepoch.com

Dear Ms. Keaney:

An unannounced visit was made to Bridges By Epoch At Trumbull on August 27, 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 visits. 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 October 29, 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.

DATE(S) OF VISIT: August 27, 2020

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

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.

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 Ocotber 29, 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 # 27083, 27063

LDN:lst

DATE(S) OF VISIT: August 27, 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 19-13-D105 (k) Client service record (2) (H)

1. Based on clinical record review and staff interview, for three of three clients (Clients # 1, 2 and 3) in the survey sample, the Supervisor of Assisted Living Services Agency (SALSA) and/or the registered nurse (RN) failed to update the plan of care to reflect changes in condition and new diagnoses. The findings include:

A. Client #1 was admitted to the memory care unit on 12/28/18 with diagnoses that included dementia, urinary tract infection, dysphagia, cerebral infarction, gastro-esophageal reflux disease, coronary artery disease, diabetes, hyperlipidemia and depression.

a. On 1/16/19 the Assisted Living Services Agency (ALSA) nurse documented that Client #1 head was drooping more than usual, and the family requested a transfer to the hospital for evaluation. Hospital #1 diagnosed Client #1 with acute torticollis, and discharged the client back to the Memory Care unit on 1/17/19.

On 1/18/19 the Assisted Living Services Agency (ALSA) nurse documented that Client #1 was not responsive and was transferred to the hospital.

Client # 1 was discharged back to the Memory Care unit on 1/22/19 with the diagnoses of dementia and pneumonia.

Interview and review of the Client Service Plan with the SALSA on 8/27/20 failed to identify updates to the plan of care to reflect the client's change in condition, new diagnoses and associated interventions.

b. The admission assessment indicated that Client #1 required assistance with all activities of daily living, bathing, dressing, grooming, hygiene, the client was incontinent of bowel and bladder, and was non-ambulatory.

The initial admission assessment dated 12/28/18 identified no skin breakdown and a Braden Risk Assessment score of 14, meaning the client was at moderate risk for developing pressure ulcers.

On 1/24/19 the ALSA nurse documented that Advanced Practice Registered Nurse (APRN) #1 ordered a treatment of zinc oxide twice a day to the client's buttocks for a newly diagnosed

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stage II pressure ulcer.

On 1/29/19 ALSA Licensed Practical Nurse (LPN) # 2 documented the presence of a 1cm by 1cm open area to right side of Client # 1's coccyx.

Home Care Agency # 1 was involved with the care of Client # 1's wounds.

On 4/26/19 the home care nurse documented the presence of an unstageable pressure ulcer to the client's right buttock 1.3 cm x 1.3 cm x 0.3 cm, with yellow surrounding tissue and a nodule measuring 6.5cm x 4.5 cm, no odor, and a small amount of drainage.

Client #1 was seen at the Wound Care Clinic on 4/30/19 where the wound was debrided and the pus-filled abscess was cleaned to reveal a stage IV pressure ulcer. The client received a 14-day course of antibiotic treatment.

Interview and review of the Client Service Plan with the SALSA on 8/27/20 failed to identify updates to the plan of care to reflect the client's change in condition, new diagnoses and associated interventions.

B. Client #2 was admitted to the Memory Care unit on 1/7/2020 with diagnoses that included hypercholesterolemia, hypertension, Alzheimer' s dementia, vitamins B1 and D deficiency. The Client Service Program dated 1/7/2020 identified the need for a fall prevention program, and assistance with morning care, bathing, medication management, and toileting.

Client #3 was admitted to the Memory Care unit on 1/31/19 with diagnoses that included Alzheimer ' s dementia with behavioral disturbance, hypertension, pneumonia, incontinence, diabetes mellitus and depression. The client service program identified the need for assistance with bathing, dressing, hygiene, toileting and medication management.

The ALSA documentation indicated that on 2/8/2020 Client #2 was in the dining room with Client #3, and Client #2 started arguing and swearing at Client #3. Client #2 raised hand and slapped Client #3 in the face causing a finger nail scratch on Client #3 ' s jaw. Client #3 made an attempt to retaliate, but the staff stopped Client # 3 and redirected the client to own apartment.

Client #2 was redirected to a recreation activity to calm down.

The ALSA nurse documented on 2/10/2020 that Physician #2 and the Psychiatric Advanced Practice Registered Nurse (APRN) evaluated Client # 2 for aggressive behaviors.

Interview and review of Client # 2 and Client # 3's Client Service Plans with the Supervisor of Assisted Living Services Agency (SALSA) on 8/27/2020 failed to identify updates to the plans of care to reflect the altercation with interventions to prevent recurrences and provide for safety

DATE(S) OF VISIT: August 27, 2020

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

of the clients.

POC Approved
12-10-2020
M. Jan Sacco RN

Bridges®
BY EPOCH
[illegible]

November 24, 2020

Loan Nguyen MSN, RN,C
Supervising Nurse Consultant
Facility Licensing and Investigations Section
State of Connecticut
Department of Public Health
410 Capitol Avenue
PO Box 340308
Hartford, CT 06134-0308
Loan.nguyen@ct.gov

Re: Violations of Public Health Code: Section 19-13-D105 (k) Client service record (2) (H)

Dear Ms. Nguyen:

Please see below the Plan of Correction submitted by Bridges by Epoch at Trumbull as a result of unannounced visits to the Community on August 27, 2020. The visit ensued a violation stating the Supervisor of Assisted Living Services Agency (SALSA) and/or the Registered Nurse (RN) failed to update the plan of care to reflect changes in condition, new diagnoses and associated interventions.

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*Exceptional care.*

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12/10/2020
M Barbuscia RN

# Bridges®
BY EPOCH
MEMORY CARE ASSISTED LIVING
AT TRUMBULL

**Plan of Correction:**

**(1)** Bridges by Epoch at Trumbull will follow its Wellness Policy and Procedure (Policy No. 410) for developing and maintaining an individualized service plan for each resident. The service plan will be reviewed every 120 days and with a significant change by the SALSA. If the resident has a significant change in status, a new service plan will be completed with associated interventions and reviewed with the SALA and the Responsible person. A service plan can be revised at any time to reflect an episodic event. Service plans have been revised for client 1,2 and 3.

**(2)** Effective August 3, 2020 Bridges by Epoch at Trumbull hired a new Wellness Director (SALSA). Policies and Procedures were reviewed during orientation including Policy No. 410 re: Service Plans

**(3)** An audit of all service plans will take place starting November 1, 2020 and will be completed within 30 days for 100% compliance. The SALSA will be responsible for the service plan audits. In addition, service plans will be reviewed at each Quarterly review meeting for 2021 to ensure 100% compliance is being upheld.

**(4)** The Executive Director will ensure Community compliance by weekly tracking meetings with the SALSA and RN Designee. Resident changes will be discussed and identified with service plans updated as needed.

Please do not hesitate to contact me if you have any questions at 203-397-6800.

Respectfully submitted,

Patricia Keaney
Executive Director

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*Exceptional care.*