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

Kelly Mazza, Executive Director
Suffield By The River
7 Canal Road
Suffield, CT 06078

kmazza@lcbseniorliving.com

Dear Ms. Mazza:

An unannounced visit was made to Suffield By The River 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 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 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.
You may wish to dispute the violation and you may be provided with the opportunity to be heard. If the

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

violation is not responded to by November 5, 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 Nguyen MSN, RN, C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

CT # 28722

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 (d) Governing authority of an assisted living services agency (4) (F) and/or (e) General requirements for an assisted living services agency (1).

1. Based on clinical record review and interview with the agency personnel, for one of one client (Client#1) who sustained injuries of unknown origin, the Assisted Living Services Agency (ALSA) failed to develop policies and procedures to guide the investigation of injuries of unknown origins. The findings include:
   a. Client#1 was admitted to the ALSA program on 4/29/2019 with diagnoses that included dementia, atrial fibrillation and hypertension.
   The Client Service Plan dated 6/25/2020 identified the need for assistance with showers twice a week, and with dressing twice a day.
   Client # 1 utilized a rolling walker for ambulation, and was independent with transfers.
   The ALSA documentation dated 9/28/2020 identified a report from the next-of-kin that the Client had bruises on the right arm and a hematoma on the left shin.
   Interview and review of the ALSA documentation, policies and procedures with Registered Nurse/RN#1 on 10/14/2020 failed to identify ALSA policies and procedures to guide the ALSA staff in conducting and documenting an investigation of injuries of unknown origin, and failed to identify a comprehensive investigation of Client # 1's injuries of unknown origin.

accepted 12/17/2020 K

SUFFIELD
by the River

7 Canal Road
Suffield, CT 06078
T 860-668-6672

November 5, 2020

Loan Nguyen, MSN, RN, C.
Supervising Nurse Consultant
Facility and Licensing Investigations
State of Connecticut
Department of Public Health

Dear Ms. Nguyen,

The following plan of correction is being submitted on behalf of Suffield by the River in response to an unannounced visit by your department on October 14, 2020 for the purpose of an investigation related to a complaint. The plan of correction is set fourth not as an admission of any wrongdoing, but rather as an opportunity to comply with the alleged violations.

Suffield by the River
Plan of Correction
November 5, 2020

Section 19-13-D105 (d) Governing Authority of an assisted living services agency (4) (F) and/or (e) General requirements for an Assisted Living Services Agency (1).

Measures institution intends to implement or systemic changes that the institution intends to make to prevent reoccurrence.

- Retraining of nurses and nurse aides specific to bruising and injuries of unknown origins and applicable reporting requirements.
- Retraining of nurses and nurse aides on incident reporting process.

Date of Completion:
November 16, 2020

Plan for Monitoring Corrective Measures/Systemic Change:

- Daily monitoring of incident reports.
- Present to next Quality Assurance Committee meeting.
- Completing chart audits focusing on bruising and injuries of unknown origins. 10% sample through Q1 2021.
- Weekly monitoring of progress notes to determine bruising and injuries of unknown origins over the next 90-day period.

Responsible Parties:

Resident Care Director (SALSA)
RN Designee
Executive Director

If you have any questions, please do not hesitate to contact me at (860) 668-6672 or by email at kmazza@lcbseniorliving.com.

Sincerely,

Kelly Mazza

Kelly Mazza
Interim Executive Director