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

December 24, 2020

Melissa Boyle, Executive Director
Spring Village At Danbury
8 Glen Hill Road
Danbury, CT 06811

executive.director@springvillagedanbury.com

Dear Ms. Boyle:

An unannounced visit was made to Spring Village At Danbury on December 18, 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 monitoring inspection.

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 January 4, 2021.

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 Karen.Donato@ct.gov may be subject to disciplinary action. Please do not send another copy via US mail.

DATE(S) OF VISIT: December 18, 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 January 4, 2021 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 Karen.Donato@ct.gov.

Respectfully,

Loan D Nguyen

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

DATE(S) OF VISIT: December 18, 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 D19-13-D105 Assisted living services agency (e) General requirements for an assisted living services agency (1).

1. Based on review of the facility documentation and interview with agency staff, the Assisted Living Services Agency (ALSA) failed to conform to the Connecticut Commissioner of Health's orders regarding the weekly staff testing for COVID-19. The findings include:

   In response to the increasing rate in COVID-19 infection among the elderly vulnerable population, the Connecticut Commissioner of Health's Blast Fax dated 10/23/2020 directed the weekly testing of staff in all nursing homes, assisted living services agencies and managed residential communities across the state, commencing on the week of November 1, 2020 until further notice, in order to identify and isolate asymptomatic infected persons who were capable of transmitting the disease.

   During an infection control surveillance visit for COVID-19, the surveyor observed Person #1 assisting the Executive Director with facility information.

   The Executive Director explained that Person # 1 functioned as the Acting Executive Director from 11/06/2020 through 12/16/2020 in the facility.

   Interview and review of the facility testing roster with the Executive Director and with Person # 1 on 12/18/2020 failed to identify that Person #1 underwent weekly testing for COVID-19 with all the staff in the facility, since Person # 1 began working in the facility in the function of Acting Executive Director on 11/06/2020.

   The facility testing roster identified the testing of employees on 11/02/2020, 11/09/2020 and 11/10/2020, 11/17/2020, 11/25/2020, 12/01/2020 and 12/02/2020, 12/08/2020 and 12/09/2020 and failed to identify the consistent testing of 100% of MRC and ALSA staff on a weekly basis in accordance with the DPH Commissioner's Blast Fax on staff testing for COVID-19 dated 10/23/2020.

Spring Village at Danbury
A WoodBine Senior Living Community

POE accepted 1/11/2021 MS

8Glen Hill road Danbury CT 06811
Corrective Action Plan for DPH Visit 12-18-2020

SUMMARY STATEMENT OF DEFICIENCIES	ALSA PLAN OF CORRECTION	COMPLETION DATE	responsible
Based on review of the facility documentation and interview with agency staff, the Assisted Living Services Agency (ALSA) failed to conform to the Connecticut Commissioner of Health's orders regarding the weekly staff testing for COVID-19. The findings include: In response to the increasing rate in COVID-19 infection among the elderly vulnerable population, the Connecticut Commissioner of Health's Blast Fax dated 10/23/2020 directed the weekly testing of staff in all nursing homes, assisted living services agencies and managed residential communities across the state, commencing on the week of November 1, 2020 until further notice, in order to identify and isolate asymptomatic infected persons who were capable of transmitting the disease. During an infection control surveillance visit for COVID-19, the surveyor observed Person #1 assisting the Executive Director with facility	1. Create official policy related to mandatory weekly Covid-19 test requirements (attached) 2. Inform all employees of policy 3. Post policy in employee areas 4. Have all employees acknowledge policy in writing for file 5. Review list of employees that were swabbed each week. Contact anyone that wasn't swabbed in the community to ensure we have copy of independent Covid swab results on file or remove from schedule. 6. Review non-employee visitors for compliance with producing results each week.	12/26/2020 12/31/2020 12/31/2020 01/07/2021 12/30/2020 and on-going 12/28/2020 and on-going	ED ED ALC BOC ED/BOC ED/BOC/ALC

information. The Executive Director explained that Person # 1 functioned as the Acting Executive Director from 11/06/2020 through 12/16/2020 in the facility. Interview and review of the facility testing roster with the Executive Director and with Person # 1 on 12/18/2020 failed to identify that Person #1 underwent weekly testing for COVID-19 with all the staff in the facility, since Person # 1 began working in the facility in the function of Acting Executive Director on 11/06/2020. The facility testing roster identified the testing of employees on 11/02/2020, 11/09/2020 and 11/10/2020, 11/17/2020, 11/25/2020, 12/01/2020 and 12/02/2020, 12/08/2020 and 12/09/2020 and failed to identify the consistent testing of 100% of MRC and ALSA staff on a weekly basis in accordance with the DPH Commissioner's Blast Fax on staff testing for COVID-19 dated 10/23/2020.			Accepted 1/14/2021 cds