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

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 June 6, 2019 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 January 4, 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 Melissa.San.Souci@ct.gov may be subject to disciplinary action. Please do not send another copy via US mail.

DATE(S) OF VISIT: June 6, 2019

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 January 4, 2021 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 Melissa.San.Souci@ct.gov.

Respectfully,

Loan D Nguyen

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

CT # 24330

DATE(S) OF VISIT: June 6, 2019

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) (F) and/or (g) Supervisor of assisted living services (2) (A) (B) (D) and/or (h) Nursing Services provided by an assisted living agency (3) (B) and/or (i) Assisted living aide service provided by an assisted living agency (3) (A) and/or (5) (B).

1. Based on review of the clinical record and interview with agency staff for one of three clients (Client # 1) who received Assisted Living Services Agency (ALSA) services, the aides failed to provide the care in accordance with the Client Service Plan. The findings include:

   Client #1 was admitted to the ALSA program on 12/19/17 with diagnoses that included Alzheimer's disease, basal cell carcinoma, diabetes mellitus type II, hyperlipidemia, hypertension and hypothyroidism.

   The client's service plan (Master Care Plan) dated 10/08/18 the need for aide services to assist with morning care including bathing or shower assistance, toileting assistance with specific instructions to make sure the client wore a brief at all times, assistance with incontinence care and showers as needed, toileting every two hours to prevent incontinence, evening care and safety checks.

a. Interview and review of the client's "Service Recap Summary" (aide task documentation) for the month of October 2018 with the Supervisor of Assisted Living Services Agency (SALSA) on 06/06/19 failed to identify documentation of assistance with morning care, bathing or showering, hourly safety checks or morning toileting assistance on October 2, 4, 5, 9, 13, 2018, failed to identify documentation of evening care and toileting assistance on October 1 and 5, 2018, and failed to identify documentation of hourly safety checks and toileting assistance overnight on October 2, 3, 5, 7, 9, 10 and 12, 2018;

b. Nursing documentation dated 10/03/18 indicated that the client had cloudy urine with an odor present.

   A physician's order dated 10/04/18 directed the collection of specimen for urinalysis, culture and sensitivity.

   Nursing documentation dated 10/04/18 identified a hat placed in the client's toilet for urine collection.

   Interview and review of nursing notes dated 10/06/18, 10/07/18, 10/08/18, 10/10/18 and 10/11/18 with the SALSA on 06/07/19 indicated that a urine sample was not obtained since 10/04/18, and failed to identify nursing request to the physician for an order to straight catheterize the patient to obtain the clean catch specimen if the patient was unable to follow directions to collect a sample for urine culture and sensitivity.

   Nursing documentation dated 10/14/18 indicated that Client #1 sustained a fall in the evening, was transported via ambulance to the hospital, was admitted and returned to the ALSA on 10/16/18.

   The hospital documentation dated 10/14/18 to 10/16/18 included a diagnosis of a urinary tract infection.

DATE(S) OF VISIT: June 6, 2019

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

Bridges
BY EPOCH
MEMORY CARE ASSISTED LIVING
AT TRUMBULL

PM accepted
1/20/2021
cds

January 4, 2021

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 D19-13-D105. Assisted living services agency (d) Governing authority of an assisted living services agency (4) (A) (F) and/or (g) Supervisor of assisted living services (2) (A) (B) (D) and/or (h) Nursing Services provided by an assisted living agency (3) (B) and/or (i) Assisted living aide service provided by an assisted living services agency (3) (A) and/or (5) (B).

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 June 6, 2019. The visit ensued violations stating the Supervisor of Assisted Living Services Agency (SALSA) and/or the Registered Nurse (RN) failed to obtain a urine specimen after ordered by a client's physician. The same client did not receive care in accordance with the client service plan. Remarkable people. Exceptional care.

Bridges®
BY EPOCH
MEMORY CARE ASSISTED LIVING
AT TRUMBULL

accepted
11/20/2018
KA

Plan of Correction:

(1) Bridges by Epoch at Trumbull will follow the duties and responsibilities listed in the SALSA and/or RN, LPN job description stating they will coordinate resident services including obtaining specific orders from physicians for care to ensure the continuity of the resident's total regimen of care. The SALSA and/or RN will ensure all physicians orders are carried out with-in 48 hours of receiving them.

(2) All ALSA aides will receive an introductory visit (Policy 413) to any resident that is new to the community, has a plan of care that has been updated and/or has a significant change in condition. The ALSA aides will sign that they have read the introductory visit and/or current service plan, provide the appropriate care needed for residents activities of daily living (ADL's) and document the care given. Caregiver Documentation (Policy 402)

(3) The Executive Director will ensure Community compliance by weekly tracking meetings with the SALSA and RN Designee. Physician orders and aide documentation will be reviewed at this time for 100% compliance.

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

Respectfully submitted,

Patricia Keaney
Executive Director

Remarkable people.
Exceptional care.