Maplewood at Danbury

Violation Letter

&

Approved POC

eid 11-6-18

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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

December 30, 2020

Amy Silva-Magalhaes
Maplewood At Danbury Alsa, Llc
22 Hospital Avenue
Danbury, CT 06810

asilva@maplewoodsl.com

Dear Ms. Silva-Magalhaes:

Unannounced visits were made to Maplewood At Danbury Alsa, Llc concluding on November 6, 2018 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 a violation 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 January 10, 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 Melissa.San.Souci@ct.gov may be subject to disciplinary action. Please do not send another copy via US mail.

DATE(S) OF VISIT: November 6, 2018

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 are not responded to by January 10, 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 Melissa.San.Souci@ct.gov.

Respectfully,

Loan D Nguyen

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

CT # 24360

DATE(S) OF VISIT: November 6, 2018

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 19a-14-40 Medical records, definition, purpose and/or 19-13-D105 (g) Supervisor of assisted living services (2)(A)(B)(C) and/or (h) Nursing Services provided by an assisted living services agency (2)(3)(B)(C)(D) and/or (k) Client service record (2)(F) (H)(L).

1. Based on review of the clinical record and interview with agency personnel for one of three client (Client #3) with a diagnosis of dementia, the agency failed to provide the necessary services and/or failed to identify coordination of care and/or failed to identify a complete client service record. The findings include:

   a. Client #1 was admitted to the Assisted Living Services Agency (ALSA) on 08/30/15 with diagnoses that included dementia, depressed mood, coronary artery disease, atrial fibrillation, chronic obstructive pulmonary disease, Vitamin D deficiency, weight loss, urosepsis and a history of basal cell carcinoma of the nose.

      The client's service plan dated 09/27/18, based on assessment by Registered Nurse (RN) #1, identified the client required ALSA aide assistance and/or cueing for activities of daily living (ADLs).

      i. Interview and review of the assessment documentation dated 09/27/18 with RN #1 on 11/06/18 indicated that she assessed the client's lungs by pulling the neck of the client's shirt away from the client's neck and assessed the skin she could visualize (to the client's bra line), did not identify any alteration of skin integrity and failed to identify a complete assessment of the skin.

      Interview and review of Client #1's service plan with the Regional Nurse and Supervisor of Assisted Living Services Agency (SALSA) service plan identified the ALSA aide was to set up the shower and assist the client with hard to reach areas three times a week on Monday, Wednesday and Friday (back, legs and feet), to apply lotion to dry skin and to make sure the client does a thorough job at cleaning under arms and to report any changes to the skin to the nurse.

      In addition, the service plan identified the client may be resistant to showers and to re-approach as needed and identified the ALSA aide could assist with the shower at 8:00 a.m. (day shift) or 3:00 p.m. (evening shift).

      The Agency's Job Description for the ALSA Aide identified the aide provides service and care to each client based on the individual client's service plan; effectively communicates with the supervisor and other associates and advised supervisor and appropriate manager in any changes in physical and mental health of the client immediately.

      ii. Interview and review of the ALSA aide's Monthly Task Log for October 2018 for Client #1 with the Regional Nurse and Supervisor of Assisted Living Services Agency (SALSA) on

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11/06/18 failed to identify documentation that the client received a shower on either shift on October 4th, 5th, 6th or 7th and/or failed to identify instructions for the ALSA aide to report to the nurse when the client refused a shower and/or the nursing notes failed to identify communication from the aide to the nurse per the aide's job description.

iii. Interview and review of agency documentation with the SALSA on 11/06/18 identified that the client's family member reported observation of open areas on the client's back on 10/07/18 and failed to identify shower assistance and observation of the back by the ALSA aide since October 3, 2018 at 8:00 a.m.

Interview and review of the October ALSA Aide schedule with ALSA Aide #2 identified she was assigned to take care of Client #1 on October 5th and indicated the client refused a shower so she assisted the client with a sponge bath in the bathroom and did not recall observation of any skin concerns on the client's back.

iv. Interview and review of the ALSA aides' Monthly Task Log for October 2018 for Client #1 with the Regional Nurse and SALSA on 11/06/18 failed to identify documentation that the client received a sponge bath on October 5th and failed to identify documentation for the aide to provide a sponge bath if a shower was refused and failed to identify documentation of communication to the nurse regarding the client's shower refusal and sponge bath, a deviation from the plan of care.

v. Interview with ALSA Aide #7 on 11/05/18 indicated she was assigned to take care of Client #1 on the evening shift of 10/06/18 and 10/07/18, identified an open area under the right shoulder that was red in color and not bleeding. ALSA Aide #7 indicated the client always picks at this "spot", it was not bleeding and stated she reported it to Licensed Practical Nurse (LPN) #1 and review of the aide Monthly Task Log failed to identify documentation of the ALSA aide's report to the nurse.

The Agency investigation identified that Client #1's family member reported areas of concern on the client's back to the nurse working on 10/07/18.

Interview with LPN #1 on 11/13/18 confirmed that she did work the evening shift of 10/06/18 and 10/07/18 and LPN #1 stated she did not receive a report from the ALSA aide #7 and did not recall a concerned expressed by the family member. She also indicated that she did not become aware of the Client's condition until she returned to work again on 10/21/18.

The SALSA indicated that on 10/08/18, subsequent to the family member's report, assessment of the client's back was performed by the RN Designee, RN #2.

Interview with RN #2 on 11/06/18 indicated that during her assessment of Client #1's back on 10/08/18 she identified four closed areas to the lower right side of the back that appeared to be a darker pigmentation than the rest of the skin, two small scabbed areas above the four closed areas and a scabbed area on the right shoulder.

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vi. Interview and review of the nursing notes with RN #2 on 11/6/18 failed to identify documentation of her assessment of 10/08/18 until 10/27/18 and failed to identify the documentation as a late entry addendum.

Interview and review of agency documentation with the SALSA on 11/06/18 identified that the client's family member reported observation of open areas on the client's back on 10/19/18.

vii. Interview and review of the ALSA aides' Monthly Task Log for October 2018 for Client #1 with the Regional Nurse and SALSA on 11/06/18 failed to identify documentation that the client received shower assistance on either shift on 10/15/18, 10/17/18 or 10/19/18 and failed to identify instructions for the ALSA aide to report to the nurse when the client refused a shower and the nursing notes failed to identify communication from the aide to the nurse per the aide's job description.

Subsequent to the family member's report of observation of an open area on the client's back, RN #2 assessed the open area, applied a dry protective dressing and notified the physician.

viii. Interview and review of the nursing notes with the SALSA on 11/06/18 failed to identify documentation of RN #2's assessment of the open area.

Interview and review of a nursing note dated 10/21/18 with the SALSA identified the physician ordered to cleanse the open area with normal saline, pat dry, apply Xeroform and cover with a dry protective dressing three times a week and as needed until healed and ordered a referral for home health nursing to perform wound care.

ix Interview and review of the ALSA aides' Monthly Task Log for October 2018 and the Client's Service Plan dated 09/28/18 with the Regional Nurse and SALSA on 11/06/18 failed to identify documentation of instruction to the aides regarding the new wound care dressing and how to bath/shower the client with the dressing in place.

x. Review of the physician's orders identified a telephone order (T.O.) dated 10/20/18 signed by LPN #2 to cleanse the open area with normal saline, pat dry, apply Xeroform and cover with a dry protective dressing three times a week and as needed until healed and ordered a referral for home health nursing to perform wound care and failed to identify the physician's signature and/or review of text messages printed from a designated cell phone for nursing to use to communicate with the physician, identified a picture of the above telephone order with "Agree" as a response from the physician.

The Agency's policy "MSL"-2013CT-12A1" identified all medication orders will be obtained, documented, handled and stored in accordance with this policy as well as all applicable state regulations and nursing best practices. Telephone orders should be signed by an appropriately licensed provided within fourteen days of the order date.

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xi. The Agency failed to ensure the physician telephone (text) order dated 10/20/18 was signed by the physician and failed to maintain a complete clinical service record.

Interview and review of the agency investigation with the Regional Nurse on 11/28/18 identified communication between the nurse and the physician via text on the "red phone" described as a phone located in the nursing office to use for texting and/or calling the physician for a prompt response.

xii. The Agency failed to identify a policy for the use of the "red phone" designated for nursing and physician communication regarding client condition and physician orders including texting.

xiii. Interview and review of the ALSA aides' Monthly Task Log for October 2018 for Client #1 with the Regional Nurse and SALSA on 11/06/18 failed to identify documentation of instruction to the aides regarding the new wound care dressing and how to bath/shower the client with the dressing in place.

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01/27/2021
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January 26, 2021

By Email to Melissa.San.Souci@ct.gov

Ms. Melissa San Souci
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 Danbury ALSA, LLC/Maplewood at Danbury, LLC

Dear Ms. San Souci:

This letter is in response to a letter from Loan Nguyen, formerly Supervising Nurse Consultant in the Facility Licensing and Investigations Section of the Connecticut Department of Public Health, dated December 30, 2020, regarding Maplewood at Danbury ALSA, LLC (the "ALSA"), the then-licensed provider of assisted living services at Maplewood at Stony Hill, an assisted living community (the "Community") operated by Maplewood at Stony Hill, LLC (the "Operator"), located in Bethel, Connecticut. You are identified in that letter as a contact with respect to the issues raised therein.

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 unannounced visits by a representative of the State of Connecticut Department of Public Health Facility Licensing and Investigations Section which concluded on November 6, 2018.

1. Violations of the Regulations of Connecticut State Agencies Section 19a-14-40 Medical Records, definition, purpose and/or 19-13-D105(g) Supervisor of assisted living services (2)(A)(B)(C) and/or (h) Nursing Services provided by an assisted living services agency (2)(3)(B)(C)(D) and/or (k) Client service record (2)(F)(H)(L).

   A. Measures to Prevent Re-Occurrence:

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

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1. The Regional Director of Resident Services will educate (i.e. in-service) the Supervisor of Assisted Living Services Agency (the "SALSA"), the RN Designee ("RND"), and the Executive Director ("ED") at the Community regarding the need to report to the nurse on a timely basis any changes to residents' care plans. The Regional Director of Resident Services will complete this in-service to the SALSA, RND, and ED by no later than February 28, 2021.

2. The Regional Director of Resident Services will educate (i.e. in-service) the SALSA, RND and ED at the Community regarding the need to report to the nurse by the end of the reporting associate's shift any resident's refusal of care. The Regional Director of Resident Services will complete this in-service to the SALSA, RND, and ED by no later than February 28, 2021.

3. The SALSA and/or RND will educate all ALSA aides regarding the need to report to the nurse by the end of the reporting associate's shift any changes to a residents' care plan or a resident's refusal of care. The SALSA and/or RND will also educate all ALSA aides regarding the need to report to the nurse by the end of the reporting associate's shift any changes of care, including, but not limited to, skin breakdown. The SALSA and/or RND will complete this in-service to the ALSA aides by no later than February 28, 2021.

4. The Regional Director of Resident Services will educate (i.e. in-service) the SALSA, RND and ED at the Community regarding the need to enter as progress notes by the end of the entering associate's shift any evaluation(s) and/ or assessment(s) of residents. If a progress note is entered late, the progress note will be written and started with "Late entry note..." The Regional Director of Resident Services will complete this in-service to the SALSA, RND, and ED by no later than February 28, 2021.

5. The Regional Director of Resident Services will educate (i.e. in-service) the SALSA and RND at the Community regarding the need to perform timely assessments whenever there is a change in a resident's condition or a residents' medical concern is reported. The Regional Director of Resident Services will complete this in-service to the SALSA, RND, and ED by no later than February 28, 2021.

6. The Regional Director of Resident Services will educate (i.e. in-service) the SALSA, RND and ED at the Community regarding the need to timely update care plans whenever there is a change to a resident's care. The

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Regional Director of Resident Services will complete this in-service to the SALSA, RND, and ED by no later than February 28, 2021.

7. The Regional Director of Resident Services will educate (i.e. in-service) the SALSA, RND and ED at the Community regarding the ALSA's policy "MSL-2013 CT- 12A", including, but not limited to, obtaining MD orders with signature within seven (7) days of order. This in-service by the Regional Director of Resident Services to the SALSA, RND, and ED will be completed by no later than February 28, 2021. In addition, the Regional Director of Resident Services will create a written policy on the utilization of the "Red Phone" at the Community by no later than February 28, 2021.

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

All corrective action as indicated above will be completed by February 28, 2021, except for on-going monitoring.

C. Plan to Monitor/Audit:

1. The SALSA and/or RND will review the completion of all residents' care logs by shift, with the SALSA or RND reviewing on a daily and/or during next day at work basis. Within three (3) months after the SALSA, RND and ALSA aides have been educated (i.e. in-serviced) as set forth above, it is expected that a 95% compliance rate will be achieved with respect to such timely completion of care logs. Any issues identified with respect to the timely completion of care logs shall be reviewed and addressed in real-time.

2. At least once per month for a period of four (4) consecutive months, the Regional Director of Resident Services will audit 10% of resident charts in order to confirm completion of care logs, and evidence in the progress notes or in the resident care logs reflecting timely communication of refusal of care, changes in care, and changes in condition, including, but not limited to, skin breakdown.

3. At least once per month for a period of four (4) consecutive months, the Regional Director of Resident Services will audit 10% of resident charts to confirm timely completion of assessments and updates in resident care plans reflecting changes in care or in the condition of residents as reported by the staff or documented in the progress notes.

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Westport, Connecticut 06880
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Fax: 203.557.4783
www.maplewoodseniorliving.com

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4. At least once per month for a period of four (4) consecutive months, the Regional Director of Resident Services will audit 10% of resident charts to confirm that medical provider orders have been signed by the ordering medical provider within seven (7) days from when the order was given.

5. The monitoring of daily care logs, signature on medical provider orders within seven (7) days, as well as the timely completion of resident assessments and updated care plans as described above, 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) 844-7444.

Respectfully submitted by,

Ellen Sullivan RN

Ellen Sullivan, RN
Supervisor of Assisted Living Services Agency
Maplewood at Danbury ALSA, LLC

CP:aa
cc: 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)
Eileen Duggan (by email)
Denise Jones (by email)
Lauren Stowell (by email)
Cristina Deguzman (by email)

Maplewood Senior Living
One Gorham Island
Westport, Connecticut 06880
Phone: 203.557.4777
Fax: 203.557.4783
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