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

September 2, 2020

Kim Marfyak, Supervisor of Assisted Living Services Agency
Farmington Station, A Senior Living Residence
111 Scott Swamp Rd
Farmington, CT 06032

kmarfyak@farmingtonslr.com

Dear Ms. Marfyak:

An unannounced visit was made to Farmington Station, A Senior Living Residence on July 17, 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 September 12, 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.

DATE(S) OF VISIT: July 17, 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 (g) Supervisor of assisted living services agency (2) (A) and/or (D) and/or (h) Nursing Services provided by an assisted living services agency (1) (3) (C) and/or (k) Client service record (2) (I).

1. Based on clinical record review and staff interview, for one of one client (Client # 1) who experience a significant weight loss, the Supervisor of Assisted Living (SALSA) failed to ensure the completion and documentation of nursing assessments of the client's weight, eating pattern and/or changes in condition. The findings include:
   a. Client #1 was admitted to the Memory Care Unit on 5/17/19 with diagnoses that included dementia, atrial fibrillation, hyperlipidemia, hypertension, depression and status-post pacemaker placement.
   The Client Service Program dated 3/22/2020 identified the need for assistance with medication management, dressing, the need for standby supervision with bathing, supervision with grooming, and scheduled reminders with toileting.
   Client # 1 was independent with eating, had a regular diet with no nutritional supplements.
   The agency documentation dated 6/5/20 identified a weight loss of 30 pounds in one month after the client refused to eat, took only bites, and drank very little.
   On 6/19/2020 the client was weighed at 84 pounds and on 6/24/2020 the client was weighed at 78.9 pounds.
   Interviews with ALSA Aides #1, #2, #3, and #4 on 7/17/2020 indicated informed the SALSA of Client #1 ' s poor appetite and weight loss , and the aides were told to sit with Client #1 and encourage Client #1 to eat.
   Interview and review of the nursing documentation with the Supervisor of Assisted Living on 7/17/2020 failed to identify an update to the plan of care after notification of a change in appetite and weight from the aides, with interventions to address the client's appetite, nutritional status, notification to the physician and a request for clinical workups of the underlying pathological conditions leading to the decline, and failed to identify documented nursing assessments of the client's change in conditionAlthough Client # 1 had subscribed to the Assisted Living Services Agency (ALSA) program which consisted of nursing and aide services, the ALSA failed to provide acceptable nursing services to the client during the physiological decline.
   On 6/26/2020 Client #1 was admitted to Hospice care.

DATE(S) OF VISIT: July 17, 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 September 12, 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 # 28052

Accepted 1/27/2021
for McSmith

Farmington Station

A SENIOR LIVING RESIDENCE SLR

Attention: Loan Nguyen MSN, RN, C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section
CT# 28052

410 Capitol Avenue
P.O. Box 340308
Hartford, CT 06134

To Whom It May Concern,

Below please find the plan of correction based on the visit made to Farmington Station on July 17, 2020:

1) Farmington Station will adhere to Connecticut's General Statutes as noted in 19-13-D105 section (h-3c) assessments, completed as often as necessary based on the client's condition but not less frequently than every one hundred and twenty (120) days and prompt action when a change in the client's condition would require a change in the clients service program.

2) Effective immediately the Resident Care Director or RN designee will ensure completion of such assessment.

3) Farmington Station's QIRM (Quality Improvement and Risk Management) meeting will take place monthly to ensure that the corrective measures are completed.

4) Jessica Ferreira (ED) will be titled as the institution's staff member who will be responsible in ensuring compliance with this plan of correction.

If there are any questions please do not hesitate to contact me at

Jessica Ferreira
111 Scott Swamp Rd.
Farmington, CT 06032
(860) 284-0505
JFerreira@farmingtonslr.com