

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

Fontella Dubisette, Supervisor of Assisted Living Services
Spring Village At Stratford LLC
6911 Main Street
Stratford, CT 06497

don@springvillagestratford.com

Dear Ms. Dubisette:

Unannounced visits were made to Spring Village At Stratford LLC on September 28 and 30, 2020 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting multiple investigations.

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 visits. 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.



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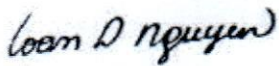
DATE(S) OF VISIT: September 28 and 30, 2020

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

CT # 28583, 28562

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The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D 105 (k) Client service record (2) (H) (i) and/or (m) Client's bill of rights and responsibilities (5) .

1. Based on review of the clinical record, agency documentation and staff interview, for one of one client (Client # 1) who eloped, the Assisted Living Services Agency (ALSA) neglected to provide for the client's safety in accordance with the service plan. The findings include:

Client #1 was admitted to the assisted living program on 9/2/2020, with the diagnoses that included Wernicke-Korsakoff Syndrome, and a history of anxiety secondary to non-ambulatory status.

The client service program dated 9/2/2020 identified the need for assistance with dressing, incontinence care, bathing, the use of wheelchair for mobility, medication pre-pouring by the Assisted Living Services Agency (ALSA) nurse, and medication reminders from the ALSA aides.

Client # 1's service plan also included the need for safety checks from the ALSA aides every two hours.

The ALSA documentation indicated that the Executive Director found Client #1 outside the main front door on 9/9/2020 at 8:30AM. According to the ALSA documentation, Client #1 recalled crawling to the apartment door (instead of using the wheelchair to self-propel), sliding down the stairs in a sitting position then crawling out of the main exit door.

The surveyor was unable to obtain a clear account from the client during the onsite visit of 9/28/2020, regarding the distance traveled and the amount of time spent outside the building while crawling on 9/9/2020 before Client # 1 returned to the facility and was found by the Executive Director at the main door. Client # 1 verbalized no recollection of the 9/9/2020 elopement when interviewed by the surveyor on 9/28/2020.

Interview and review of the ALSA documentation with the Executive Director on 9/28/2020 failed to identify documentation by the ALSA aides of safety checks completed every two hours for Client # 1 in accordance with the plan of care, from the admission date on 9/2/2020 to the elopement date 9/9/2020.

According to the Executive Director in an interview on 9/28/2020 at 10 AM, Client #1 verbalized anxiety on 9/9/2020 when the Executive Director found the client.

Client # 1 reported that three men were after Client # 1 and the client called a family member called, but the client felt that the family member should go to jail. The Executive Director notified the emergency responders and Client #1 was transferred to Hospital #1 for a psychiatric evaluation.

The ALSA note dated 9/9/2020 indicated that Client #1 was discharged from the Emergency Department back to the assisted living facility on the same day, and Client # 1 was transferred to the Memory Care unit inside the

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facility. Client #1 was calm and cooperative, acknowledged that the client was previously hallucinating and regretted the behavior.



Plan of Care
Accepted 1/28/21
M. J. A.

1-8-21

Plan of Correction for 12-30-20 Violation Report

(4) Responsibilities of the governing authority shall include, but not necessarily be limited to: (A) ensuring the quality of services provided by the agency and the quality of care rendered to clients; and/or (m) Client's bill of rights and responsibilities. An assisted living services agency shall have a written bill of rights and responsibilities governing agency services which shall be provided and explained to each client at the time of admission to the agency. Such explanation shall be documented in the client's service record. All clients shall receive a written copy of any changes made to the bill of rights. (5) right of the client to be free from physical and mental abuse and exploitation and to have personal property treated with respect;

Client #1 was admitted to our Assisted Living Community on 3-16-18. On 1-28-20, Client #1 was found in the parking lot and escorted back into the building. (Completed 1-28-20)

The SALSA determined that Client #1 needed to be moved immediately to Memory Care due to decline in cognitive ability. Client #1's Doctor agreed to the move and assessment. (Completed 1-28-20)

The SALSA/Designee is responsible for ensuring that all plans of care are followed and executed as written. In the Memory Care community at Spring Village at Stratford residents are under constant supervision due to their cognitive impairments.

The Administrator will oversee compliance. Any issues identified will be discussed and a plan implemented for correction.