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 17, 2020

Mary Kay Polacek, Supervisor of Assisted Living Services Agency
Brighton Gardens Of Stamford Alsa
59 Roxbury Road
Stamford, CT 06902

StamfordBG.RCD@Sunriseseniorliving.com

Dear Ms. Polacek:

An unannounced visit was made to Brighton Gardens Of Stamford Alsa on July 28, 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 27, 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.

You may wish to dispute the violation and you may be provided with the opportunity to be heard. If the

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

violation is not responded to by September 27, 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 # 28020

DATE(S) OF VISIT: July 28, 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 (2) (A) and/or (B) and/or (h) Nursing Services provided by an assisted living services agency (3) (C).

1. Based on clinical record review and staff interview, for one of one client (Client # 1) who sustained an unwitnessed fall, the Supervisor of Assisted Living Services Agency (SALSA) failed to ensure the client received an assessment from the Assisted Living Services Agency (ALSA) Registered Nurse after the fall. The findings include:

   a. Client #1 was admitted to the ALSA program on 4/11/19 with diagnoses that included hyperlipidemia, hypertension, major depression and type II diabetes. The client service program dated 4/13/2020 identified the need for assistance with dressing, grooming, bathing, and bathroom use. Client #1 was on a toileting schedule upon rising, before meals, prior to bedtime, then twice during the night, and as needed.

   The client transferred independently and used a rolling walker for mobility.

   On 7/10/2020 at 5:30PM, Licensed Practical Nurse (LPN) #1 documented that Client #1 suffered an unwitnessed fall in the apartment. LPN # 1 noted that Client #1 ' s baseline mental status was unchanged, Client #1 denied discomfort, was able to move all extremities, and LPN # 1 did not witness loss of consciousness. Client #1 was found lying in supine position with legs extended. Client # 1 denied hitting head, and denied dizziness.

   LPN # 1 documented the vital signs which were within limits. According to the LPN note, Client #1 was assisted to a standing position by 2 staff members, and ambulated to the bed without discomfort or pain. Client #1 declined pain medication.

   Frequent safety checks on Client #1 were documented following the fall. The client was ambulated to the bathroom at 6:35pm with no complaint of discomfort.

   Interview and review of the nursing documentation with the SALSA on 7/28/2020 failed to identify a nursing assessment conducted by the ALSA Registered Nurse (RN) to determine the extent of, or any changes in the client's physiological condition following the client's unwitnessed fall.

   On 7/10/2020 at 10:45pm, LPN #1 documented that Client #1 was found on the floor for the second time in the apartment outside the bathroom.

   Client #1 was crying and saying, "I fell on my hip." LPN #1 noted shortening and outward rotation of the client's right leg. The staff did not move the client. The ALSA staff notified Physician #1 and the client's family, and Client #1 was transferred to Hospital #1 at 11:15pm.

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On 7/10/2020 during the 11pm to 7am shift, LPN #2 received notification from Hospital #1 that Client #1 fractured the right hip, and sustained a subdural hematoma.

The hospital staff stated that Client #1 was not a candidate for surgical intervention.

The client was discharged back to the assisted living facility at 6:30am on 7/11/2020 with hospice services from Hospice Agency # 1.

Client #1 expired 3:25 am on 7/16/2020.

Sunrise Senior Living
Plan of Correction

POC Accepted per SA 2/2/21

Name of Community: Brighton Gardens of Stamford
Address of Community: 59 Roxbury Road, Stamford, CT 06902
License number: A - 1086
Inspection date(s): July 28, 2020
Name/Title of Legal Entity Representative Signing the Plan of Correction:
Mary Kay Polacek RN/SALSA

Signature of Sunrise Representative: Mary Kay Polacek RN
Date of Submission: **9/25/2020**

Regulation	Target Date by Which Correction will be completed	Plan of Correction
Section 19-13D105 (h) Nursing Services provided by an assisted living services agency (3) (C)	*10/9/2020*	Client #1 expired 7/16/2020. SALSA and RND will review residents records for those who experienced a fall in the past 90 days to ensure an assessment was completed. Residents that were identified to not have an assessment by SALSA or RND completed after a fall were reassessed and progress notes entered. Target completion date of 10/9/20. Regional Director of Resident Care provided re-education to the SALSA and RND on proper assessment intervals to include assessments of residents as needed but not less than a 120 day period and promptly when a resident experiences a change in condition in which results in a change in the resident's service program. Completed 9/18/20 SALSA and RND will ensure a timely assessment is completed for residents who experience a fall and will document such in the resident's record. Executive Director will review the records of residents that have a fall event to confirm that resident is assessed by the SALSA or RND. The review will be completed for 6 months and the results will be discussed at the Quality Assurance Performance Improvement (QAPI) program meetings. The QAPI program meetings will identify the need for continued interventions to the process or retraining. The SALSA, Executive Director, and QAPI Committee is responsible for POC monitoring and continued corrective action.

Regulation	Target Date by Which Correction will be completed	Plan of Correction

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.