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

February 25, 2021

Sandra Ingriselli, SALSA
The Orchards At Southington
34 Hobart Street
Southington, CT 06489
ingrisellis@southingtonorchards.org

Dear Ms. Ingriselli:

An unannounced visit was made to The Orchards At Southington on February 2, 2021 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 March 8, 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 Karen.donato@ct.gov may be subject to disciplinary action.

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 March 11, 2021 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

DATE(S) OF VISIT: February 2, 2021

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

Please direct your questions concerning the instructions contained in this letter to the Supervising Nurse Consultant at (860) 509-7400. Please do not send another copy via US mail.

We do not anticipate making any practitioner referrals at this time.

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,
Karen Donato RN, C

Supervising Nurse Consultant
Facility Licensing and Investigations Section

Complaint #29103

KD:mb

DATE(S) OF VISIT: February 2, 2021

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 19-13-D105 (e) General requirements for an assisted living services agency (1) and/or (m) Client's Bill of Rights and Responsibilities (5).

1. Based on clinical record review and staff interview, for one of one client (Client #1) who depended on the ALSA aides for assistance with activities of daily living, the Assisted Living Services Agency (ALSA) failed to ensure misappropriation of the client's property. The findings include:
   a. Client #1 was admitted to the ALSA program on 11/03/2019 with diagnoses that included coronary artery disease, diastolic congestive heart failure and hypertension.
   The Client Service Program dated 11/12/2020 identified the need for assistance from the ALSA aides with showering twice weekly, assistance with toileting and escorting to meals.
   The ALSA documentation dated 11/4/2020 indicated that Client #1 reported missing jewelry over the past 8-9 months. The Executive Director (ED) indicated calling the next of kin on 11/04/2020 to discuss the missing jewelry and indicated that Client #1 never reported jewelry missing.
   On 11/08/2020, video surveillance was installed in Client #1'2 room and an envelope with $60 was placed on the top shelf of the client's closet.
   On 11/22/2020 at 7 PM, the ED indicated that the envelope with the money was missing from the client's closet and review of the video surveillance footage identified that ALSA Aide #1 stole the money from the closet. The local police were notified and an investigation was conducted.
   Interview with the Supervisor of Assisted Living Services Agency (SALSA) on 2/02/2021 indicated that NA # 1 was suspended on 11/22/2020 pending the investigation, denied stealing the money from Client #1 despite the video evidence and then terminated on 11/25/2020, and failed to identify protection of the client's rights against having personal property treated with respect.

Orchards at Southington Plan of Correction
POC Submitted: 3/8/21
Dates of Visit: 2/4/2021
Sandra Ingriselli, Supervisor of Assisted Living Services Agency

poc accepted 3/15/21 ws

Violation as cited by DPH in 2/25/21 Notice of Non-Compliance	Measures that institution implemented to prevent a recurrence	Date Effective	Institution's plan to ensure sustainability	Individual Responsible
Client #1 was admitted to the ALSA program on 11/03/2019 with diagnoses that included coronary artery disease, diastolic congestive heart failure and hypertension. **The Client Service Program dated 11/12/2020 identified the need for assistance from the ALSA aides with showering twice weekly, assistance with toileting and escorting to meals.** **The ALSA documentation dated 11/4/2020 indicated that Client #1 reported missing jewelry over the past 8-9 months. The Executive Director (ED) indicated calling the next of kin on 11/04/2020 to discuss the missing jewelry and indicated that Client #1 never reported jewelry missing.** **On 11/08/2020, video surveillance was installed in Client #1'2 room and an envelope with $60 was placed on the top shelf of the client's closet.** **On 11/22/2020 at 7 PM, the ED indicated that the envelope with the money was missing from the client's closet and review of the video surveillance footage identified that ALSA Aide #1 stole the money from the closet. The local police were notified and an investigation was conducted.** **Interview with the Supervisor of Assisted Living Services Agency (SALSA) on 2/02/2021 indicated that NA # 1 was suspended on 11/22/2020 pending the investigation, denied stealing the money from Client #1 despite the video evidence and then**	The Orchards at Southington performs extensive background checks for all staff (ALSA Aide #1 had a thorough background check, the results of which were included in the staff's file) The Orchards suspended ALSA Aide #1 on 11/23, the morning after the video was viewed. She was off on 11/23 and she did not return to work after 11/22. ALSA Aide #1 was terminated on 11/25 after the investigation was completed. OAS has yearly in-services reviewing residents rights and resident abuse. Since the date of the incident, the SALSA has also conducted refresher courses on resident rights and abuse (testing) for all ALSA staff	On or before 2011 11/22-11/25/2020 Yearly 2/3/21 2/4/21 2/15/21 2/26/21	Maintain current practice of Hartford HealthCare background checks and ABCMS checks for all employees The Orchards will maintain current practice to promptly and thoroughly investigate any allegation of abuse, exploitation or lack of respect for the client's property and will continue to promptly take appropriate measures as to any employees involved. Continue with yearly in-services as well as training upon hire for new employees	SALSA/RN Designee

terminated on 11/25/2020, and failed to identify protection of the client's rights against having personal property treated with respect.	Orchards to re-educate residents about complaint procedure and their right to file a complaint without discrimination or reprisal, as well as their right to report any allegations of physical or mental abuse or exploitation or the lack of respect for property by anyone providing agency services	March-April, 2021	Continue with re-education as needed. Continue with provision of written notice of patient bill of rights to residents at time of admission to the agency.	

poc accepted 3/15/2021 ncs

The filing of this plan of correction is not an admission by the Orchards at Southington, its officers, directors, employees or agents, as to the truth of the allegations contained in the Department of Public Health's violation letter or that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by law.