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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

March 17, 2021

David Ostermayer
The Cascades
13 Parklawn Drive
Bethel, CT 06801
DOstermayer@nathealthcare.com

Dear Mr. Ostermayer:

This is an amended edition of the violation letter originally dated February 25, 2021.

An unannounced visit was made to The Cascades on January 26, 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 27, 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

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state statutes or regulations identified in the department's notice of noncompliance. Any institution that fails to submit a plan of correction to Megan.Edson-Sawyer@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 29, 2021 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

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

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

Respectfully,

Karen Donato RN, C

Karen Donato RN
Supervising Nurse Consultant/Interim
Facility Licensing and Investigations Section

Complaint #29256

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The following are violations of the regulations of Connecticut State Agencies Section 19-13-D105 Assisted living services agency (d) Governing authority of an assisted living services agency (4) (F) and/or (e) General requirements for an assisted living services agency (1) and/or (f) Personnel policies (1) (A) (iv) and/or (g) Supervisor of assisted living services (4).

1. Based on clinical record review and staff interviews for one of one client (Client #1) who received assisted living services for nightly monitoring, medication management and assistance with activities of daily living. The Assisted Living Services Agency (ALSA) failed to conduct an investigation after an unwitnessed fall, failed to notify the physician and an on-call Registered Nurse of a change in condition and failed to screen a visitor for signs and symptoms of COVID-19 before entering client areas. The findings include:
   Client #1 was admitted to the Assisted Living Services Agency (ALSA) on 2/5/2020 with diagnoses that included diabetes mellitus type II, heart disease and weakness.

   Review of LPN #1's nurse's note dated 11/27/2020 at 8:00 PM, identified LPN #1 found the client on the floor in front of a counter after sliding out of the wheelchair. Emergency medical technicians (EMT's) were notified and arrived to lift the client off the floor. Client #1 denied hitting his/her head and declined to be evaluated at the hospital. Interview and review of Client #1's clinical record with LPN #1 on 1/26/2021 at 10:30 AM, failed to identify the client's emergency contact, physician and an on-call Registered Nurse (RN) Supervisor had been notified of the unwitnessed fall.

   Interview with the RN Designee on 1/26/2021 at 4:00 PM failed to identify that an investigation of the unwitnessed fall was completed. There was no policy to review on Unwitnessed Falls.

   Review of LPN #1's nurse's note dated 11/29/2020, identified Client #1 had called out for help several times, was noted to have confusion and mumbled speech. Client #1 was sent to the hospital for an evaluation and returned to the ALSA later that evening.

   Interview with Person #2 on 1/26/2021 at 1:20 PM, identified he/she was Client #1's primary emergency contacted and indicated that the ALSA staff did not notify him/her of Client #1's change in condition on 11/29/2020 which required an emergency room evaluation.

   Interview with the RN Designee on 1/26/2021 at 4:00 PM, failed to identify that LPN #1 followed the ALSA's policy for Change in Condition which included calling 911, immediately notify an on-call RN Supervisor, physician and emergency contact.
   A review of the ALSA's policy for General Requirements for Change in Client Condition, identified staff were to call 911, immediately notify the supervisor of the ALSA, and on-call RN, Physician and family member. Although, requested an ALSA policy on Unwitnessed falls was not provided.

   Interview with Person #1 on 1/25/2021 at 3:45 PM, indicated upon arrival to the ALSA on

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12/13/2020 to gather Client #1's personal belongings from the apartment after Client #1 had expired at the hospital on 12/13/2020, Person #1 was not screened at the front desk by the Receptionist for fever nor directed to fill out a COVID-19 screening tool form Person #1 further indicated, he/she walked by clients in the hallway and lobby when exiting the ALSA.

A review of the COVID-19 screening tool documentation for December 2020, failed to identify Person #1 had signed in and had been screened for COVID-19 prior to entering client areas. Interview with the Executive Director on 1/26/2021 at 12:33 PM, identified all visitors to the ALSA were required to be carefully screened for COVID-19 signs and symptoms prior to entering client areas.

A review of the ALSA's policy for the COVID-19 Plan for Visitations, identified visits to the ALSA would occur if deemed safe for clients and visitors. Staff were to carefully screen each visitor for fever, recent exposure to and symptoms consistent with COVID-19. Visitors would be directed to sign in, provide contact information and fill out a COVID-19 screening tool prior to entering client areas. The ALSA failed to ensure COVID-19 infection prevention measures were performed for the safety of clients, agency staff and visitors.

Plan of Correction
Accepted 3.26.21
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The Cascades
An Assisted Living Community

March 26, 2021

Karen Donato, RN
Supervising Nurse Consultant/Interim
Facility Licensing & Investigations Section
410 Capitol Ave, P.O. Box 340308
Hartford, CT 06134-0308
www.ct.gov/dph

Dear Ms. Karen Donato:

An unannounced visit was made to **The Cascades at Bethel Health Care** on January 26, 2021 by a representative of the Facility and Investigations Section of the Department of Public Health for the purpose of conducting an investigation.

Attached is the Plan of Correction that is prepared and submitted as required by law. By submitting this Plan of Correction, **The Cascades at Bethel Health Care** does not admit that the deficiency listed on this form exists, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency.

Please direct your questions concerning POC and/or request for formal dispute to David Ostermayer at (203) 830-7390.

Sincerely,

David Ostermayer
The Cascades
13 Parklawn Drive
Bethel, CT 06801
DOstermayer@nathealthcare.com

Plan of Correction was accepted 3-26-21

This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, **The Cascades at Bethel Health Care** does not admit that the deficiency listed on this form exists, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency.

In response to the alleged violation of the Regulations of Connecticut State Agencies Section 10-13-D105 Assisted Living Services Agency (d) Governing authority of an Assisted Living Services Agency (4)(F) and/or(e) General requirements for an Assisted Living Services Agency (1) and/or (f) Personnel Policies (1)(A)(iv) and/or (g) Supervisor of Assisted Living Services (4) and/or (k) Client Service Record and/or (m) Client's Bill of Rights and Responsibilities (5).

a. (1) Fall Notification and Investigation Policy was developed and implemented. Licensed nursing staff were educated on Fall Policy focusing on notification and investigation process.
(2) Date of completion of this change will be 4/1/21
(3) The Administrator will audit falls weekly for compliance x3 months or substantial compliance is met
(4) The Administrator is responsible for ensuring compliance

b. (1) Change of Condition Policy was reviewed and updated. Licensed nursing staff were educated on Change of Condition Policy.
(2) Date of Completion of this change will be 4/1/21
(3) The Administrator will audit transfer to ED/hospitals weekly for compliance x3 months or substantial compliance is met
(4) The Administrator is responsible for ensuring compliance

c. (1) Cascades staff re-educated on COVID-19 screening process and policy.
(2) Date of completion of this change will be 4/1/21
(3) The Administrator will audit for compliance 5x a week or substantial compliance is met
(4) The Administrator is responsible for ensuring compliance