POC accepted 3.18.21 - mes

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

Beth Prevo, Executive Director
Addison Place At Glastonbury
1177 Hebron Avenue
Glastonbury, CT 06033
bprevo@HallKeen.com

Dear Ms. Prevo:

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

An unannounced visit was made to Addison Place At Glastonbury on January 21, 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.

DATE(S) OF VISIT: January 21, 2021

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

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 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 11, 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, C
Supervising Nurse Consultant/Interim
Facility Licensing and Investigations Section

Complaint #29106

KD:lst

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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 (e) General requirements for an assisted living services agency (1) and/or (h) Nursing services provided by an assisted living services agency (3) (D) and/or (k) Client service record (2) (K).

1. Based on review of facility documentation, observations and staff interview, the Assisted Living Services Agency (ALSA) failed to orient the private help to the ALSA's emergency policies and procedures, to include federal guidelines from the Centers for Disease Control (CDC) to prevent the spread of COVID-19 and protect the residents and staff. The findings include:
   a. The Center for Disease Control (CDC) guidelines athttps://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living and at https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control recommendations.html#adhere directed the healthcare worker (HCW) to wear a face mask at all times when inside the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers.

      Client #1 was admitted to the memory care unit on 9/8/2016 with diagnoses that included Dementia with behavioral disturbances and a history of falls.
      Client #1 received assistance from ALSA Aide #1 with activities of daily living. Client #1 also employed Private Help #1 twenty-four hours a day.

      On 1/21/2021 at 9:40 AM, during an infection control monitoring visit for COVID-19, the surveyor observed Private Help #1 enter the ALSA with the surgical mask covering the mouth without covering the nose. Subsequent to surveyor's observation, the Supervisor of Assisted Living Services Agency (SALSA) reminded Private Help #1 to properly wear the surgical mask over the mouth and nose.

      On 1/21/2021 at 10:15 AM, the surveyor observed the memory care unit clients, in the presence of the SALSA, Client #1 quarantined after an exposure to COVID-19 and identified Private Help #1, while caring for Client #1, had his/her KN95 mask over the nose and mouth with the bottom loop of the mask dangling under the chin.
      Interview with Private Help #1 on 1/21/2021 at 10:20 AM, identified he/she had not been oriented to the Agency's Exposure Control Plan and COVID-19 Infection Prevention polices but further indicated the Agency spoke to him/her about how to properly wear a facial mask.

      On 1/20/2021 at 10:25 AM, the surveyor observed Registered Nurse Designee provide care to Client #2, who was on droplet precautions for COVID-19, then proceeded to leave Client #2's room and enter the hallway without the benefit of doffing his/her personal protective equipment (PPE). Furthermore, the RN Designee removed his/her gloves and touched multiple surfaces without the benefit of using hand sanitizer. Interview with the SALSA

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

identified that the RN Designee should have doffed his/her PPE and utilized hand sanitizer prior to exiting Client #2's room. Subsequent to the surveyor inquiry, RN designee doffed his/her PPE and proceeded to use hand sanitizer.

Interview with the SALSA and Executive Director on 1/21/2021 at 10:50 AM and review of the ALSA policy for mask use indicated that masks should be worn at all times inside the facility, all PPE should be disposable and discarded as instructed, adherence to appropriate use of PPE to prevent the spread of communicable diseases, failed to identify orientation by the ALSA to the private help of the client's plan of care, orientation to the ALSA emergency policies related to Covid-19, and the documentation of such orientation.

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Addison Place
at Glastonbury
Assisted Living & Memory Care

March 18th 2021

Megan Edson-Sawyer, RN
Nurse consultant
Facility Licensing and Investigations Section
410 Capital Avenue – MS #12 HSR
Hartford, CT 06134-0308
Megan.edson-sawyer@ct.gov

Complaint #29106

Dear Ms. Edson-Sawyer RN,

Enclosed please find a Plan of Correction for Addison Place at Glastonbury related to the unannounced visit that occurred on January 21st, 2021. We do apologize for the delayed response due to the receipt of the POC on March 17th 2021. Please note, Addison Place at Glastonbury, the Managed Residential Community, and the Assisted Living Services Agency submit this Plan of Correction to comply with the state regulatory provisions. The preparation and submission of the Plan of Correction does not constitute an admission of fault or liability on part of Addison Place at Glastonbury, the Managed Residential Community, and/or the Assisted Living Services Agency or any agreement regarding the truth or accuracy of the facts alleged or conclusions drawn.

If you have any questions regarding the enclosed Plan of Correction, please contact me at 860-652-3444.

Sincerely,

Beth Prevo

Beth Prevo
Executive Director

1177 Hebron Avenue | Glastonbury, CT 06033
P: 860.652.3444 | F: 860.659.2273 | E: addisonplace@hallkeen.com
addisonplaceatglastonbury.com

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The following s a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 € General requirements for an assisted living services agency (1) and/or (h) Nursing services provided by an assisted living services agency (3) (D) and/or (K) Client service record (2) (K).

Private Help #1 was wearing the surgical mask covering the mouth without covering the nose. As stated the SALSA immediately (1/21/21) reminded private Help #1 to properly wear the surgical mask over the mouth and nose. Private help is reminded on how to wear a mask properly when they arrive at the community and during their time in the community. In service was performed by SALSA reviewing PPE protocol, Doffing and Donning, hand hygiene.

Private Help #1 was wearing her KN95 mask over the nose and mouth with the bottom loop of the mask dangling under the chin. Private help is reminded on how to wear a mask properly when they arrive at the community and during their time in the community. In service was performed by SALSA reviewing PPE protocol, Doffing and Donning, hand hygiene.

Client #2 Nurse Designee left client #2 room without the benefit of doffing her personal protective equipment and removed her gloves and touched multiple surfaces without the benefit of hand sanitizer. Subsequent to the surveyor inquiry, RN designee doffed her PPE and proceeded to use hand sanitizer. In service was performed by SALSA reviewing PPE protocol, Doffing and Donning, hand hygiene.

The Community Services Coordinator and Supervisor of Assisted Living Services Agency reviewed the community ALSA's emergency policies and procedures including federal guidelines from the CDC with the recommended protocols to protect the residents and staff to follow its plan of correction. This has been completed and in place for future compliance.