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 22, 2020

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

don@springvillagestratford.com

Dear Ms. Dubissette:

An unannounced visit was made to Spring Village At Stratford LLC on August 4, 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 October 2, 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.

DATE(S) OF VISIT: August 4, 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 (k) Client service record (2) (H) (ii) and/or (vi).

1. Based on clinical record review and staff interview, for one of one client (Client # 1) who suffered injury to the right arm, the Assisted Living Services Agency (ALSA) registered nurse (RN) failed to update the service plan with specific instructions for the ALSA aides to address the client's needs and change in condition. The findings include:

   a. Client #1 was admitted to the Memory Care program on 12/12/2017 with diagnoses that included Alzheimer ' s dementia with delusions and behavioral disturbances, anxiety, arthritis, hypertension, depression and major neurocognitive disorder. The client service program dated 7/2/2020 identified the need for medication management by the ALSA staff, the need for moderate assistance with grooming, dressing, bathing, cues for meals and toileting.

   Interview with ALSA Aide # 4 on 8/4/2020 and review of the ALSA documentation indicated that during safety rounds at 10PM on 7/1/2020 at 11PM, ALSA Aide # 4 saw Client #1 sleeping in bed; then at 10:20pm ALSA Aide # 4 found Client #1 in the living room, upset and crying about a painful swollen right arm. ALSA Aide # 4 called the RN Designee who directed the aide to call for an ambulance to transfer the client to Hospital #1 for evaluation.

   Hospital # 1's Emergency Department record identified no acute fracture or dislocation, and diagnosed Client # 1 with soft tissue swelling and hematoma overlying the dorsum of the right distal forearm and wrist. Client # 1 was discharged back to the Memory Care Unit on 7/2/2020.

   Review of the plan of care with the Registered Nurse Designee on 8/4/2020 failed to identify updates to the plan of care on 7/2/2020 with specific written instructions for the ALSA Aides to address the client's needs and change in condition, including the monitoring of pain and special precautions related to the swelling and hematoma of the right distal forearm and wrist.

Accepted
3/31/2021
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Spring Village at Stratford
A WoodBine Senior Living Community

Section 19-13-D105 (k) Client Service Record (2) (H) (ii) and/or (vi)

a client service program, completed by a registered nurse in consultation with the client, family and others involved in the care of the client, within seven (7) days of the client's admission to the agency, which shall be reviewed as often as the client's condition requires but not less than once every one hundred and twenty (120) days, shall be explained to, reviewed with and agreed to by the client or his or her representative, shall reflect the client's or his or her representative's or family's preferences and choices regarding client services, and shall include but not necessarily be limited to:

(ii) goals of management, plans for intervention and implementation;

(vi) written instructions for the assisted living aide which shall be completed before the assisted living aide provides care and services to include the scope and limitations of the assisted living aide's activities and pertinent aspects of the client's condition to be observed and reported to the registered nurse;

The LPN on 7-2-20 documented in the nursing notes of the Client 1's chart, "Resident alert/oriented s/p bruise to right lower arm PRN meds given with positive effects. Resident in good spirits and ambulating independently on unit." (Completed 7-2-20)

Client 1's Service Plan update on 7-2-20 addressed resident's need for status checks, "CM (care manager) to perform status checks to ensure safety and report any concerns to the LPN, RN, or DON." This was implemented for every 2 hours daily. Status checks include pain management, observation, and any other needs. (Completed 7-2-20)

The Director of Nursing/Designee is responsible for ensuring that all service plans are revised at least every 120 days and as the resident's condition changes.

The Administrator will oversee compliance. Outcomes of this plan of correction will be discussed at the Quality Assurance meeting. Any issues identified will be discussed and a plan implemented for correction.