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 24, 2021

Jessica Ferreira, Executive Director
Farmington Station A Senior Living Residence
111 Scott Swamp Road
Farmington, CT 06032
jferreira@farmingtonSLR.com

Dear Ms. Ferreira:

An unannounced visit was made to Farmington Station A Senior Living Residence on February 16, 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 is a 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 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 Inna.Erlikh@ct.gov may be subject to disciplinary action. Please do not send another copy via US mail.

DATE OF VISIT: February 16, 2021

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

You may wish to dispute the violation and you may be provided with the opportunity to be heard. If the violation is not responded to by March 8, 2021 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 Inna.Erlikh@ct.gov

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

Respectfully,

Erlikh

Inna Erlikh, BSN, RN
Supervising Nurse Consultant/Interim
Facility Licensing and Investigations Section

CT #29483

DATE OF VISIT: February 16, 2021

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 (d) Governing authority of an assisted living services agency (4)(F).

1. Based on facility documentation and interviews with the agency staff for one of one client (Client # 1) who sustained a fall, the Assisted Living Services Agency (ALSA) failed to ensure the development of policies and procedures to follow for fall incidents. The findings include:
   a. Client # 1 was admitted to the Assisted Living Services Agency (ALSA) program on 7/31/2020 with diagnoses that included Parkinson's dementia, syncopal episodes and orthostatic hypotension. The Service Plan dated 11/7/2020 identified that Client#1 was independent with ambulation, had a poor hearing, did not wear hearing aids, had a history of falls and required to be checked by a facility staff twice every shift.

      Interview and review of nursing note dated 10/4/2020 with the Executive Director on 2/16/2021 at 11:45 am indicated that the client returned from a hospital, the reason for a hospital transfer was a fall and a head abrasion, but failed to identify the completion by the ALSA staff of an incident report and/or fall investigation, and failed to identify a policy or guideline for documenting the circumstances of a fall, with pertinent staff interview and root cause analysis to prevent recurrence of the incident.

Accepted
12 4/8/21

Farmington Station

A SENIOR LIVING RESIDENCE (SLR)

April 8, 2021

410 Capitol Avenue
P.O. Box 340308
Hartford, CT 06134

Attention: Inna Erlikh, BSN, RN
Supervising Nurse Consultant/Interim
Facility Licensing and Investigations Section
CT# 29483

To Whom It May Concern,

This letter is in response to the communication received from you on February 24, 2021 by Farmington Station Assisted Living. Below please find the plan of correction based on the visit made to the community.

Violation Received: *Section 19-13-D105 (d) Governing authority of an assisted living services agency (4)(F).*

1) *Based on facility documentation and interviews with the agency staff for one of one client (Clinet #1) who sustained a fall, the Assisted Living Services Agency (ALSA) failed to ensure the development of policies and procedures to follow for fall incidents. The findings include:*
    a. *Client #1 was admitted to the ALSA program on 7/31/2020 with a diagnosis that included Parkinson's dementia, syncopal episodes and orthostatic hypotension. The Service Plan dates 11/7/2020 identified that Client #1 was independent with ambulation, had poor hearing, did not wear hearing aids, had a history of falls and requiredto be checked by a facility staff twice every shift."*

Interview and review of nursing note dated 10/4/2020with the Executive Director on 2/16/2021 at 11:45am indicated that the client returned from a hospital, the reason for the hospital transfer was a fall and a head abrasion, but failed to identify the completion by the ALSA staff of an incident report and/or fall investigationand failed to identify a policy or guideline for documenting the circumstance of a fall, with pertinent staff interviewand root cause analysis to prevent recurrence of the incident."

4/8/21 Addendum to previous POC submitted;

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;

- Attached Falls Policy

(2) the date each such corrective measure or change by the institution is effective;

- All community nurses will receive inservice training on this policy; inservice completion date goal is June 1st 2021

(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;

- Protocol to be reviewed monthly as part of the community's Quality Improvement Risk Management Program ("QIRM") with 10 resident charts who sustained falls in that month

(4) the title of the institution's staff member thatis responsible for ensuring the institution's compliance with its plan of correction.

- Compliance oversight to be completed by Executive Director

If additional information is needed please do not hesitate to contact me.

Sincerely,

Jessica Ferreira

Jessica Ferreira, RN
Executive Director

Farmington Station
111 Scott Swamp Road
Farmington, CT 06032