Spring Village

Danbury

VL + POC

EID 2/12/21

DATE(S) OF VISIT: February 12, 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-D10(d) Governing authority of an assisted living services agency (4) (A) (F) and/or (g) Supervisor of assisted living services (2) (A) (B) and/or (h)Nursing Services provided by an assisted living services agency (4) (C) (i) and/or (i) Assisted living aide services provided by an assisted living services agency (3) (A) (B) and/or (k) Client service record (1) (2) (J) (K) (L).

1. Based on review of the clinical record, agency documentation and staff interview, for one of three clients (Clients #1) in the survey sample, the agency failed to respond to the client's emergency pendant alarm in a timely manner and/or failed to have a comprehensive policy for response to the emergency pendant alarm. The findings include:
   a. Client #1 was admitted on 09/16/2020 and had diagnoses that included hypertension, dementia and bipolar disorder. The client's service plan dated 09/16/2020 to 01/14/2021 identified a self-care deficit, risk for fall or injury, risk for isolation and memory impairment.
   Interview and review of the Alarm Event Report dated 09/01/2020 to 10/22/2020 with the Executive Director (ED) on 02/02/2021 at 8:45 am identified the client activated his/ her emergency pendant on:

   09/16/2020 at 7:10 pm with a response time of 36 minutes and 29 seconds;
   09/16/2020 at 11:22 pm with a response time of 29 minutes and 02 seconds; 09/17/2020 at 3:51 am with a response time of one hour and 56 minutes;
   09/18/2020 at 8:35 pm with a response time of 29 minutes and 09 seconds;
   09/20/2020 at 10:58 am with a response time of one hour and 23 minutes;
   09/21/2020 at 3:58 pm with a response time of 36 minutes and thirteen seconds;
   10/02/2020 at 7:53 pm with a response time of 30 minutes and 11 seconds;
   10/07/2020 at 11:26 am with a response time of 45 minutes and 36 seconds;
   10/07/2020 at 4:26 pm with a response time of one hour and three minutes;
   10/08/2020 at 7:39 am with a response time of 28 minutes and 20 seconds;
   10/14/2020 at 8:12 am with a response time of 27 minutes and 42 seconds;
   10/17/2020 at 12:34 pm with a response time of 24 minutes and 35 seconds
   and failed to identify a timely response to Client #1's pendant alarm call for assistance twelve times and/or failed to ensure the client's safety.

   Interview and review of the Emergency Response System policy with the ED on 02/02/2021 at 8:45 am failed to identify an expected time frame for staff to respond to the pendant alarm.

   Based on review of the clinical record, agency documentation and staff interview, for two of three clients (Clients #1 and #2) who required medication management, the agency failed to provide safe medication management. The findings include:
   Client #1 was admitted on 09/16/2020 with diagnoses that included hypertension, dementia with behavioral issues and bipolar disorder. The client's service plan dated 09/16/2020 to 01/14/2021 identified the client required medication pre-pours by the ALSA nurse and

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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.

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 R.N. C

Supervising Nurse Consultant/Interim
Facility Licensing and Investigations Section

KD:mb

Complaint #28834

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 18, 2021

Melissa Boyle, Executive Director
Spring Village At Danbury
8 Glen Hill Road
Danbury, CT 06811

executive.director@springvillagedanbury.com

Dear Ms. Boyle:

An unannounced review was concluded at Spring Village At Danbury on February 12, 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 visits. 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 28, 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 melissa.san.souci@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 April 1, 2021 or if a request for a meeting is not made by the stipulated date,

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medication reminders/administration by the ALSA aide/nurse.
Physician directed medications included: Amlodipine 5 milligrams (mg) one tablet by mouth daily, Gabapentin 100 mg three capsules by mouth twice a day and at bedtime, Lamotrigine 200 mg one tablet by mouth daily, Escitalopram 20 mg one tablet by mouth daily, Losartan hydrochlorothiazide 100-12.5 mg one tablet by mouth daily, Risperidone 1 mg one tablet by mouth twice a day, Trazadone 50 mg one tablet every six hours as needed and Tramadol 50 mg by mouth every six hours as needed.

Interview and review of the Resident Care Assistant/Service task sheet dated September 2020 with the ED on 02/04/2020 at 11:34 am identified medication reminders (MR) at 9:00 am and 9:00 pm to be done by the ALSA aide starting 09/17/2020 and failed to identify documentation that the client was reminded to self-administer his/her morning medications from 09/17/2020 to 09/30/2020 (14 days) and/or failed to identify documentation the client was reminded to self-administer his/her evening medications on 09/20/2020, 09/21/2020 and 09/27/2020 and/or failed to identify documentation that the Resident Care Assistant/Service task sheet was reviewed and signed by the Supervisor of Assisted Living Services Agency (SALSA) in the designated signature area.

Interview and review of the Resident Care Assistant/Service task sheet dated October 2020 with the ED on 02/04/2020 at 11:34 am identified medication reminders (MR) at 9:00 am to be done by the ALSA aide and identified the client was reminded by ALSA aide #1 to self-administer his/her morning medications on 10/03/2020 and 10/18/2020 and failed to identify documentation that the resident was reminded to self-administer his/her morning medications on 10/01/2020, 10/02/2020, 10/04/2020 through 10/17/2020 and 10/19/2020 to 10/22/20 for a total of twenty days and/or failed to identify documentation that the Resident Care Assistant/Service task sheet was reviewed and signed by the SALSA in the designated signature area.

Interview and review of the Resident Care Assistant/Service task sheet dated October 2020 with the ED on 02/04/2020 at 11:34 am identified medication reminders (MR) at 9:00 pm to be done by the ALSA aide and failed to identify documentation that the resident was reminded to self-administer his/her pm medications on 10/01, 10/02, 10/04 10/05, 10/06, 10/07, 10/08, 10/11, 10/12, 10/13, 10/14, 10/15, 10/16, 10/20 and 10/21/2020 (15 days) and/or failed to identify documentation that the Resident Care Assistant/Service task sheet was reviewed by the SALSA in the designated signature area.

Interview with ALSA aide #1 on 02/05/2020 at 11:35 am indicated the nurse administered the client's medications even though ALSA aide's initials were identified on 10/03/2020 and 10/18/2020 as reminding the client to self-administer medications.

Interview with Licensed Practical Nurse (LPN) #1 on 02/04/2020 at 1:02 pm indicated that he/she administered medications to Client #1 and indicated that he/she failed to document the medication administration in the client's chart because the agency did not utilize a Medication Administration Record (MAR) but instead kept her own "unofficial

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documentation".

Interview and review of the client's chart with the ED on 02/09/2020 at 1:38 pm failed to identify medication administration records.
Interview with the former SALSA on 02/05/2020 at 1:57 pm indicated nursing staff only reminded Client #1 to self-administer medications as the next-of-kin pre-poured the client's medications and did not want to pay for medication administration.
Interview and review of the service plan dated 09/16/2020 to 01/14/2021 with the ED on 02/09/2021 at 1:38 pm failed to identify the next-of-kin pre-poured the client's medication and/or failed to identify the signature of the client or the next-of-kin.

b. Client #2 was admitted on 10/13/19 with diagnoses that included hypertension, history of cerebrovascular accident with left hemiparesis, insulin dependent diabetes mellitus, chronic kidney disease-IV and gastroesophageal reflux disease. The client's service plan dated 07/24/2020 to 11/21/2020 identified the client required the pre-pour of medications by the ALSA nurse and reminders by the ALSA aide to self-administer medications.

Physician directed medications included: Plavix 75 mg by mouth daily, Cranberry/Vitamin C by mouth daily, Docusate sodium 100 mg by mouth twice a day, Duloxetine 30 mg by mouth daily, Levothyroxine 25 micrograms (mcg) by mouth daily, Centrum Multivitamin one by mouth daily, Lantus 6 units subcutaneously daily, Atorvastatin 10 mg by mouth daily, Ferrous gluconate 324 mg by mouth Monday, Wednesday and Friday, Tylenol 500 mg by mouth three times a day, Amlodipine 5 mg by mouth daily, Lisinopril 2.5 mg by mouth daily, Atenolol 25 mg by mouth daily, Pepcid AC 20 mg by mouth daily, Kayexalate powder 2 teaspoons by mouth daily, Miralax 17 grams one capful in 8 ounces of water daily, Senna Plus two tablets by mouth daily, Prednisolone 1% eye drops, Refresh eye drops and Flonase nasal spray.

Interview and review of the client's Resident Care Assistant/Services sheet dated September 2020 with the ED on 02/11/2021 at 11:24 am identified medication reminders (MR) by the ALSA aides at 7:00 a.m. and failed to identify documentation that the client was reminded to self-administer his/her medications on 09/03/2020, 09/04/2020, 09/08/2020, 09/10/2020, 09/13/2020, 09/16/2020, 09/22/2020, 09/24/2020, and 09/28/2020 for a total of nine days and/or failed to identify documentation that the Resident Care Assistant/Service task sheet was reviewed and signed by the Supervisor of Assisted Living Services Agency (SALSA) in the designated signature area.

Interview and review of the client's Resident Care Assistant/Services sheet dated September 2020 with the ED on 02/11/2021 at 11:24 am identified medication reminders (MR) by the ALSA aides at 9:00 a.m. and failed to identify documentation that the client was reminded to self-administer his/her medications on 09/02/2020, 09/03/2020 and 09/05/2020 through 09/30/2020 for a total of 28 days and/or failed to identify documentation that the Resident Care Assistant/Service task sheet was reviewed and signed by the Supervisor of Assisted Living Services Agency (SALSA) in the designated signature area.

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Interview and review of the client's Resident Care Assistant/Services sheet dated September 2020 with the ED on 02/11/2021 at 11:24 am identified medication reminders (MR) by the ALSA aides at 6:00 pm and failed to identify documentation that the client was reminded to self-administer his/her medications on 09/03/2020, 09/04/2020, 09/05/2020, 09/06/2020, 09/09/2020, 09/10/2020, 09/22/2020, 09/23/2020 and 09/27/2020 for a total of nine days. and/or failed to identify documentation that the Resident Care Assistant/Service task sheet was reviewed and signed by the Supervisor of Assisted Living Services Agency (SALSA) in the designated signature area.

Interview and review of the Resident Care Assistant/Services sheet dated October 2020 with the ED on 02/11/2021 at 11:24 am identified medication reminders (MR) by the ALSA aides at 7:00 am and failed to identify documentation that the client was reminded to self-administer his/her medications on 10/04/2020, 10/05/2020, 10/1/2020, 10/13/2020 and 10/24/2020 for a total of five days and/or failed to identify documentation that the Resident Care Assistant/Service task sheet was reviewed and signed by the Supervisor of Assisted Living Services Agency (SALSA) in the designated signature area.

Interview and review of the Resident Care Assistant/Services sheet dated October 2020 with the ED on 02/11/2021 at 11:24 am identified medication reminders (MR) by the ALSA aides at 9:00 am and 1:00 pm on 10/18/2020 and failed to identify documentation that the client was reminded to self-administer his/her medications on 10/01/2020 to 10/17/2020 and 10/19/2020 to 10/31/2020 for a total of thirty days and/or failed to identify documentation that the Resident Care Assistant/Service task sheet was reviewed and signed by the Supervisor of Assisted Living Services Agency (SALSA) in the designated signature area.

Interview and review of the Resident Care Assistant/Services sheet dated October 2020 with the ED on 02/11/2021 at 11:24 am identified medication reminders (MR) by the ALSA aides at 6:00 pm and failed to identify documentation that the client was reminded to self-administer his/her medications on 10/3/2020 to 10/7/2020, 10/11/2020 to 10/17/2020,

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10/19/2020, 10/21/2020, 10/22/2020 and 10/25/2020 to 10/31/2020 for a total of twenty-four days and and/or failed to identify documentation that the Resident Care Assistant/Service task sheet was reviewed and signed by the Supervisor of Assisted Living Services Agency (SALSA) in the designated signature area.

POC Accepted
04/16/21
M Sen Servs RN

Spring Village at Danbury
A WoodBine Senior Living Community

8Glen Hill road Danbury CT 06811
Corrective Action Plan for DPH Visit 02/12/2021 Rev.4-16

ED-*Executive Director* ALC-*Assisted Living Coordinator* BOC-*Business Office Coordinator*
SALSA-*Supervisor of Assisted Living Services Agency (Director of Nursing)*

SUMMARY STATEMENT OF DEFICIENCIES	ALSA PLAN OF CORRECTION	COMPLETION DATE	responsible
The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105(d) Governing authority of an assisted living services agency (4) (A) (F) and/or (g) Supervisor of assisted living services (2) (A) (B) and/or (h)Nursing Services provided by an assisted living services agency (4) (C) (i) and/or (i) Assisted living aide services provided by an assisted living services agency (3) (A) (B) and/or (k) Client service record (1) (2) (J) (K) (L)	1. Create official policy related to Resident Medication Assistance(attached).	04/01/2021	ED
	2. Inform all nursing employees of policy	04/20/2021	ED/SALSA
	3. Post policy in nurse depart. areas	04/12/2021	ALC/BOC
	4. Have all employees acknowledge policy in writing for file	04/20/2021	ALC/BOC
	5. Initially Audit all med boxes and documentation for compliance.	04/26/2021	SALSA
	6. Audit 10% of medication boxes and documentation for policy compliance monthly and add finding to QA Audit report.	04/26/2021 and on-going	SALSA
	7. Revise official policy related to Resident Medication Refusal(attached).	04/01/2021	ED
	8. Inform all nursing employees of	04/20/2021	ALC/SALSA

	policy	POC Accepted 04/16/21 M San Souci RN	
	9. Post policy in nurse depart. areas	04/20/2021	ALC/BOC
	10. Audit 10% of medication boxes and documentation for policy compliance monthly and add finding to QA Audit report.	04/26/2021 and on-going	SALSA
	11. Revise official policy related to Emergency Call Bell Response (attached).	04/01/2021	ED
	12. Inform all nursing employees of policy	04/15/2021	ALC/SALSA
	13. Have all employees acknowledge policy in writing for file	04/15/2021	ALC/BOC
	14. Post policy in nurse depart. areas	04/15/2021	ALC/BOC
	15. Create audit tool for call bell report investigations to be perform on an on-going basis as part of the new policy.	04/21/2021 and on-going	SALSA/ED
	16. Add policy to all new move-in packets related to Medication Assistance policy. Inform residents and/or of policy changes during care plan meetings	05/01/2021	SALSA/ED
	17. Hire, train and orient to all nursing policies new DON/SALSA	04/12/2021 to 05/01/2021	ED