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

April 20, 2021

Brooke Morgan, SALSA
Bridges By Epoch At Norwalk
123 Richards Avenue
Norwalk, CT 06854
bmorgan@bridgesbyepoch.com

Dear Ms. Morgan:

An unannounced visit was made to Bridges By Epoch At Norwalk on April 7, 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 April 30, 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: April 7, 2021

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 Michael.Smith2@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 May 4, 2021 or if a request for a meeting is not made by the stipulated date, the violation(s) shall be deemed admitted.

Please direct your questions concerning the instructions contained in this letter to the Supervising 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 R.N. C

Supervising Nurse Consultant/Interim
Facility Licensing and Investigations Section

KD/csf

c. VL
Complaint #29855

DATE(S) OF VISIT: April 7, 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 Regulation of Connecticut State Agencies Section 19-13-D105 (h) Nursing Services provided by an assisted living services agency (3)(C) and/or (D).

1. Based on clinical record review, agency documentation, and staff interview for one of one client (Client #1) who required assistance with activities of daily living, the Assisted Living Services Agency (ALSA) nurses failed to promptly notify the appropriate individuals of a change in the client's condition and/or changes to the client service program. The findings included:
   a. Client #1 had a move in date to the memory care ALSA on 8/6/18. The admitting diagnoses included Alzheimer's Disease, anxiety, dementia, gait abnormality, hypertension, and type II diabetes mellitus. Review of the client service program dated 2/11/2021 indicated that Client #1 required assistance of two persons with showering, dressing, grooming, hygiene, transfers and standby help and supervision to walk with walker.
   Review of agency documentation on 4/7/2021 at 9:45 am with the Executive Director and the Supervisor of Assisted Living Services Agency (SALSA) identified on March 18, 2021 that Client #1 was observed by ALSA Aide #1 to have bruising to the left cheek, left thigh and left arm. ALSA Aide #1 reported the bruising to LPN #1 who reported it to the SALSA. Interview with the SALSA on 4/7/2021 indicated that a complete, in-depth investigation of the bruises of unknown origin was conducted, Client #1's Primary Physician #3 was notified of the bruising on 3/18/2021 but failed to indicate that Person #1, as the main point of contact for the family, was also notified.
   b. On 3/23/2021, RN #2 indicated that Client #1 was seen by Physician #3 and a new order to decrease Glucerna from three times a day to two times a day was ordered due to the clients improving appetite. Interview and review of the clinical record with the SALSA on 4/7/2021 at 9:45 am failed to notify Person #1 of the change the physician made in decreasing Glucerna from three times a day to two times a day due to Client #1's improvement in diet.
   c. On 3/27/2021, RN #2 indicated that Client #1 was unable to stand due to weakness and was placed in a wheelchair for safety for two hours during the day. Interview and review of the clinical record with the SALSA on 4/7/2021 at 9:45 am identified that Person #1 requested that Client #1 not use a wheelchair for ambulation as recommended by the Physical Therapist and was to be informed when a change in the care plan had occurred although review of the clinical record failed to identify that Person #1 was notified of the short-term placement of Client #1 in the wheelchair.

Plan of Correction for Violation #1:

Karen Donato, RN

Supervising Nurse Consultant

Facility Licensing and Investigations Section

State of Connecticut

Department of Public Health

410 Capitol Avenue

PO Box 340308

Hartford, CT 06134-0308

POC
Accepted
Admin
4/27/21

Re: Violations of the Regulation of Connecticut State Agencies Section 19-13-D105 (h) Nursing Services provided by an assisted living services agency (3)(C) and/or (D).

Dear Ms. Donato and Mr. Smith:

Please see below Plan of Correction submitted by Bridges by EPOCH at Norwalk as a result of an unannounced visit to the community on April 7, 2021. The visit ensued a violation stating the ALSA nurses failed to promptly notify the appropriate individuals of a change in client's condition and/or changes to the client service program in regards to Client #1's temporary use of a wheelchair, decrease daily intake of Glucerna per physicians orders from three to one and bruising to left cheek, left thigh and left arm.

Plan of Correction:

(1) Bridges by EPOCH at Norwalk will follow its Wellness Policy and Procedure (Policy No. 203) for change of status in the event there is a known significant change in the Client #1's condition. The notification to Client #1's primary point of contact will be in written form to avoid miscommunication or lag in timely reporting.

(2) Effective April 9, 2021 all noticeable changes in mental, medical or functional status of Client #1 will be assessed and documented by the Wellness Director/RN Designee. If the change is significant the Wellness Director/RN Designee will update the service plan, document a wellness note and include the date/time the authorized resident representative and resident physician were notified. In the absence of an RN, the Executive Director will be notified of the change and notify the authorized representative promptly. When changes in a resident are noted by the LPN, all data collected indicating a change will be reported to the Wellness Director/RN Designee to assess the client.
Effective April 25, 2021 all ancillary provider recommendations for residents will be documented in the resident's wellness file on the "Agency Recommendation" order sheet.

(3) Re-education will be done with all LPN's and RN Designee by May 10, 2021 to review the Wellness Policy and Procedure for change of status and the Agency Recommendation order sheet. Resident's status and recommendations will be discussed during weekly wellness

meetings with the Executive Director, Wellness Director and RN Designee. If resident changes are noted, interventions will be discussed, and the Wellness Policy and Procedure for Change of State followed if the change is significant.

(4) The Executive Director will ensure community compliance through weekly meetings with the Wellness Director and RN Designee.

Please do not hesitate to contact me if you have any questions at (203)523-0510.

Respectfully Submitted,

POC
Accepted
4/22/21

Addie Ricci

Executive Director

Bridges by EPOCH at Norwalk