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

Stacey Zdanis, Executive Director
Residence At South Windsor Farms, The
200 Deming Street
South Windsor, CT 06074

szdanis@residencesouthwindsor.com

Dear Mrs. Zdanis:

An unannounced visit was made to the Residence At South Windsor Farms, on March 24, 2021 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation(s) with additional information received through March 31, 2021.

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 30th, 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 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

DATE(S) OF VISIT: March 24, 2021

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

violations are not responded to by April 30th, 2021 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

Please return your response to the Supervising Nurse Consultant/Interim via email at Inna.Erlikh@ct.gov. 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.

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,

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

IE:mb

DATE(S) OF VISIT: March 24, 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-D105 (h) Nursing Services provided by an assisted living services agency (C) (D) and/or (G).

1. Based on clinical record review and interviews with the agency personnel, for one of one client (Client #1), who resided on a memory care unit and required assistance with all activities of daily living, the Assisted Living Services Agency (ALSA) nurses failed to accurately assess the client's needs in order to update resident service plan after change of condition, and/or coordinate services with family members and/or timely referral to appropriate agencies (such as hospice). The findings include:

   Client # 1 moved and lived independently at the Assisted Living Services Agency (ALSA) since 11/28/2017. Client#1 was admitted to the memory care unit of the ALSA program on 9/3/2020 with diagnoses that included Alzheimer's dementia, vascular dementia, and hearing loss.

   a. On 9/3/2020, Registered Nurse (RN) #1 completed an assessment and identified that Client #1 required assistance with bathing, dressing and grooming daily by cueing. The assessment further indicated that Client #1 attended all meals, did not require assistance with meals and used a cane to ambulate.

      On 11/13/2020, Licensed Practical Nurse (LPN) #1 documented that the client was seen by a physician assistant (PA)#1 for an initial visit for refusal of morning care, having difficulty managing activities of daily living due to combative behaviors, and the client continued to be followed by PA#1 on 11/20/2020, 12/4/2020, 12/11/2020, 12/18/2020, 12/29/2020, 1/8/2021, 1/15/2021, 1/22/2021, and 2/5/2021 by adjusting the client's medications.

      Review of the nursing notes for November and December 2020 identified the following:

      On 11/18/2020, LPN#1 documented that Client#1 was resistive to care.

      On 11/21/2020, LPN#2 documented that Client#1was aggressive and attempted to kick a Resident Care Assistant.

      On 11/25/2020, LPN#1 documented that Client#1 continued to resistive to care and combative in the mornings.

      On 11/29/2020, LPN#1 documented that Client#1was difficult and did not want to get up to eat.

      On 12/01/2020, LPN#3 documented that Client#1 refused to get up or take medications.

      On 12/11/2020, LPN#1 documented that Client#1 behaviors over past week have been worsening, the client refusing to get out of bed, not eating well, having aggressive behaviors.

      On 12/18/20, LPN#1 documented that the client had not get out of bed, consumed very minimal bites of food.

      On 12/29/20, LPN# 3 documented that the client had a slight agitation during morning care.

      On 12/31/20, LPN#1 documented that the client with aggressive behaviors.

      Review of the Resident Care Assistant card for November 2020 identified that the client refused bathing 6 out of 8 times.

      Review of the Resident Care Assistant card for December 2020 identified that the client refused bathing 4 out of 10 times.

   b. Review of the facility documentation identified that Client #1 weighted 159 pounds on admission to the memory care unit, and the last weight taken on 12/18/2020 was 144 pounds.

      On 1/4/2021, RN #1 completed a 120-day assessment and identified that Client #1 continued only to require assistance with bathing by cueing, assistance with grooming and dressing. The assessment further indicated that the client attended all meals and did not require assistance with meals.

      Interview and review of the facility documentation with the Executive Director on 3/31/2021 at

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

3:30 pm identified that the client exhibited aggressive behaviors, was refusing care, showers, and meals, lost the weight but failed to identify the changes were documented by RN#1 who completed the assessment.

c. Review of the nursing notes for January of 2021 identified no issues with the client's behaviors although, the review of the clinical record identified that on 1/24/2021, a family member arrived to the facility for a visit and found the client unkempt, with body odor, a weight loss, and a room reeking of urine on 1/24/21. Further review identified that the family requested a hospice evaluation on 2/1/2021 and Client#1 was admitted to hospice services on 2/3/2021.
Interview and review of the facility documentation with the Executive Director on 3/31/2021 at 3:30 pm identified that the client had a decline, was admitted to hospice services after the family requested the referral, but failed to identify that the facility initiated the communication with the family regarding a possible referral to hospice services, and/or coordination of hospice services before family intervention.
The agency policy on Change of Resident Status directed in the event of a significant change in the resident's mental, medical, or functional status, a change in the Resident Service Plan may be indicated. Based upon the subsequent evaluation and review options, changes to Resident Service Plan or transfer to a higher level of care maybe needed.

POC Accepted K 5/6/21

April 26 ,2021

Inna Erlikh, RN, BSN

Nurse Consultant
Facility and Licensing Investigations Section
State of Connecticut
Department of Public Health

Dear Ms. Erlikh

The following plan of correction is being submitted on behalf of The Residence at South Windsor Farms in response to an unannounced visit by your department on March 24, 2021 for the purpose of investigating related to a complaint. The plan of correction is set forth not as an admission of any wrongdoing, but rather as an opportunity to comply with the alleged violations.

The Residence at South Windsor Farms
Plan of Correction
April 26, 2021

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (h) Nursing Services provided by an assisted living services agency (C) (D) and/or (G).

i. 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:

In response to the finding that an ALSA nurse failed to accurately assess the client's needs in order to update the resident's service plan after change of condition. The community will provide mandatory in-service education for the associates on proper reporting of change in resident status. Associates will be educated to immediately notify the ALSA RN of a significant change which would also include notifying the on-call RN promptly.

Accepted 5/6/21
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The community will provide mandatory in-service education regarding manifestation of distress behavior involving the care of a resident with dementia, which is inclusive of, refusal of care.

Pending 120-day assessments will be discussed at scheduled tracking meetings and identify those residents with potential change in status.

Change of condition assessments will be discussed and reviewed with RCD prior to completion and subsequently reviewed with resident/ family/ POA for development of a comprehensive service plan.

The date each such corrective measure or change by the institution is effective.

Education will be completed by May 15, 2021

The institution's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained.

Communication logs, progress notes, and incident reports will be reviewed to ensure that changes in status have been reported per policy.

Monthly resident weights will be reviewed by the RCD and RN Designee. Weight gain or loss of greater than or equal to three pounds will be reported to the PCP and resident/family/POA.

10 % of resident records will be audited for compliance each month for a period of 90 days.

The title of the institution's staff member that is responsible for ensuring the institution's compliance with its plan of correction

(1 Resident Care Director (SALSA)
(2). RN Designee
(3). Executive Director

Accepted 5/6/2114

ii. 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:

In response to the failure to coordinate services with family members and/or timely referral to appropriate agencies. The community will provide mandatory in-service education regarding coordination of care process and documentation in the client service record.

The date each such corrective measure or change by the institution is effective.

Education will be completed by May 15, 2021

The institution's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained.

Each referral will be reviewed for compliance, which will include: Review of progress notes, MOU completion, coordination of care meetings and documentation of communication with resident/family/POA.

10% of resident records will be reviewed monthly for compliance, for a period of 90 days.

The title of the institution's staff member that is responsible for ensuring the institution's compliance with its plan of correction

1) The Resident Care Director (SALSA)

2) RN Designee

3) Executive Director

Sincerely,

Stacey Zdanis, RN
Executive Director