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 15, 2021

Trish (Keaney) McKay, Executive Director
Bridges By Epoch At Trumbull
2415 Reservoir Avenue
Trumbull, CT 06611
tkeaney@bridgesbyepoch.com

Dear Ms. McKay,

An unannounced visit was made to Bridges By Epoch At Trumbull on January 12, 2021 by representatives 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 March 25, 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 Karen.donato@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 March 28, 2021 or if a request for a meeting is not made by the stipulated

DATE(S) OF VISIT: January 12, 2021

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

date, the violations shall be deemed admitted.

Please direct your questions concerning the instructions contained in this letter to the Supervising Nurse Consultant/Interim 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 RN, C

Supervising Nurse Consultant/Interim
Facility Licensing and Investigations Section

Complaint #29288

DATE(S) OF VISIT: January 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-D105 (e) General requirements for an assisted living services agency (1) and/or (k) Client service record (2) (H) (i) and/or (m) Client's bill of rights and responsibilities (5).

1. Based on review of the facility documentation, observation and staff interview, for one of one client (Client # 1) who eloped, the Assisted Living Services Agency (ALSA) neglected to provide for the client's safety in accordance with the service plan and/or failed to conform to the federal guidelines from the Centers for Disease Control (CDC) in order to adopt proper infection control practices and prevent community spread of SARSCoV-2 among the residents and staff. The findings include:

   a. Client #1 was admitted to the memory care assisted living program on 6/24/2020, with the diagnoses that included frontotemporal dementia, depression, and panic attacks.
   The client service program dated 6/30/2020 identified the need for reminders with bathing and grooming, ambulates independently and is a high risk for elopement.

   Client # 1's service plan also included the need for safety checks from the ALSA aides every hour. The ALSA documentation indicated that on 9/03/2020 at 11:14 AM, the Concierge received a call from the ALSA Landscaper that Client #1 was seen walking down the street outside of the ALSA property. The Maintenance Director picked up Client #1 at 11:20 AM, using the transportation shuttle and returned Client #1 to the community. The SALSA (Supervisor of Assisted Living Services Agency) indicated that Client #1 was without injury and had exited through the courtyard gate.

   Interview and review of the ALSA documentation with the SALSA on 1/12/2020 at 2:11 PM failed to identify documentation by ALSA aide #7 of safety checks completed every hour for Client # 1 in accordance with the plan of care, from 11 AM to 1 PM on the elopement date on 9/03/2020.
   On 1/05/2021 at 10:30 AM, during an infection control monitoring visit for COVID-19 precautions, ALSA Aide #6 was observed entering into a client's room with a cloth face covering. In an interview on 1/05/2021 at 10:33 AM, ALSA Aide #6 acknowledged wearing a cloth mask while inside the facility and providing care to the clients, and ALSA Aide # 1 was unaware that a surgical mask should be worn instead.

   Subsequent surveyor observations on 1/05/2021 between 9:45 – 10:10 AM identified the Maintenance Director, Dining Services Director and Life Enrichment Assistant with the surgical masks under the noses.

   Interview with the Executive Director on 1/05/2021 at 11:45 AM, indicated that the facility had surgical masks, and failed to identify the provision of surgical masks to the healthcare workers in accordance with the federal guidelines from the Center for Disease Control (CDC) https://www.cdc.gov/eid/article/.26/10/20-0948_article which directed healthcare workers to only wear cloth masks when surgical masks or N95 masks were not available and/or failed to identify appropriate mask application according to facility policy and CDC guidelines.

POC accepted
5/11/2021
KS

Bridges
BY EPOCH
MEMORY CARE ASSISTED LIVING
AT TRUMBULL

Plan of Correction:

(1) Bridges by Epoch at Trumbull will follow its Wellness Policy and Procedure (Policy No. 518) for performing hourly checks on all residents. The Executive Director and the Supervisor of Assisted Living Services Agency (SALSA) is responsible for daily review of the hourly checks. ALSA aide #7 was terminated due to missed hourly checks on 1/12/20 for client #1

(2) On 1/13/2021 the Executive Director and the SALSA met with ALSA aide #1, #6, Maintenance Director, Dining Services Director, and Life Enrichment Assistant. Company Guidelines in accordance with the CDC were reviewed which requires surgical masks be worn in the ALSA at all times and that the proper mask application includes covering the nose. In addition, there is signage throughout the ALSA that instructs all staff and visitors to do so. Company policy reviewed with all staff at weekly testing on 1/13/21, failure to comply resulting in disciplinary action up to and including termination. Compliance to be overseen by the Executive Director and the SALSA.

Please do not hesitate to contact me if you have any questions at 203-397-6800.

Respectfully Submitted,

Patricia Keaney
Executive Director

Remarkable people.
Exceptional care.

Re accepted 5/11/21 ds

The Executive Director and the Supervisor of Assisted Living Services Agency will be responsible for compliance with Wellness Policy No. 518 for performing hourly checks on all residents. The Executive Director and/or SALSA will conduct daily reviews of the hourly checks for each household to ensure compliance. The Executive Director and the SALSA will also conduct daily rounds to ensure compliance with proper use of PPE, particularly masks being worn properly to cover the nose area. These corrective measures will begin April 23, 2021. Any team member in violation of the hourly check policy or compliance with proper PPE use will be subject to written performance improvement plans up to and including termination of employment. In the absence of the Executive Director and/or SALSA the RN Designee will oversee compliance in the above stated areas.

Respectfully Submitted,

Patricia Keaney
Executive Director
203-397-6800