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 29, 2021

Constantin Popescu
Maplewood of Darien
599 Boston Post Road
Darien, CT 06820
cpopescu@maplewoodsl.com

Dear Constantin Popescu:

This is an amended edition of the violation letter originally dated December 29, 2020.

An unannounced visit was made to Maplewood At Darien on June 5, 2019 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 the 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 violation 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 January 9, 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 OF VISIT: June 5, 2019

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 at Michael.J.Smith@ct.gov may be subject to disciplinary action. Please do not send another copy via US mail.

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 January 9, 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.

Respectfully,

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

CT # 25506

DATE OF VISIT: June 5, 2019

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 (4)(A)(F) and/or (g) Supervisor of Assisted Living Services (2)(B)(D) and/or (m) Client Bill of Rights (5).

Based on clinical record reviews and staff interview, for four of four clients (Clients #1, 2, 3 and 4) the Governing Authority failed to protect the clients against abuse, and misappropriation of property. The findings include:

Client #1 was admitted to the Assisted Living Services Agency (ALSA) program on 2/25/19 with diagnoses that included left pleural effusion, depression and gastro-intestinal bleed. The client service program dated 4/24/19 identified the need for assistance with bathing, dressing, and medication administration by ALSA nurses.

The ALSA documentation indicated that on 5/21/19, Client #1 told the morning shift Licensed Practical Nurse (LPN) #2 that instead of receiving 5 tablets of daily prescribed medications which included Tramadol on the evening of Sunday 5/19/19, Client # 1 only received 4 tablets from LPN # 1, and Client#1 believed that Tramadol was omitted.

LPN #2 removed the individually pre-packaged Tramadol cards and noticed several Tramadol pills missing.

LPN #2 called the local pharmacy to report the discrepancy and returned the package to the pharmacy. On 5/21/19 around 5pm, the Pharmacist from Pharmacy #1 notified the Regional Nurse that the package suffered tampering, and many tablets of Tramadol had been stolen.

The Regional Nurse indicated that on 5/22/19 the internal investigation of controlled medications also identified discrepancies in the count of Tramadol for Client #2 and Client #3.

The agency documentation indicated that on 5/19/19 at 10:45AM LPN #1 ordered a refill of Tramadol. Pharmacy#1 delivered 30 tablets of individually pre-packaged Tramadol for Client #4 's for self-administration in the evening of 5/19/19.

On 5/22/19 during the agency wide count by the SALSA and the Regional Nurse, Client#4's Tramadol was not found.

On 5/23/19, LPN #1 admitted to the Regional Nurse and the SALSA for having stolen Client # 4's Tramadol.

In an interview with the surveyor on 6/5/19, LPN #1 acknowledged having diverted the

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

Tramadol since January 2019.

a. Interview and review of the ALSA internal investigation with the Regional Registered Nurse and the Supervisor of Assisted Living on 6/3/19 failed to identify administration of medications in accordance with the physician's orders, failed to identify protection of the four clients against abuse, neglect and misappropriation of property;

b. Interviews with LPN # 3, 4, 5, 6, 8, 9 and 10 on 6/28/2020 indicated that the ALSA did not provide the nurses with any recording form to reconcile the controlled drugs every day.

Approved
5/11/2021
(IDR 3/11/21)

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January 26, 2021

By Email to Michael.J.Smith@ct.gov

Mr. Michael J. Smith
Nurse Consultant
Facility Licensing and Investigations Section
State of Connecticut
Department of Public Health
410 Capitol Avenue
P.O. Box 340308
Hartford, CT 06134

Re: Maplewood at Darien ALSA, LLC/Maplewood at Darien, LLC

Dear Mr. Smith:

This letter is in response to a letter from Loan Nguyen, formerly Supervising Nurse Consultant in the Facility Licensing and Investigations Section of the Connecticut Department of Public Health, dated December 29, 2020, regarding Maplewood at Darien ALSA, LLC (the "ALSA"), the licensed provider of assisted living services at Maplewood at Darien, an assisted living community (the "Community") operated by Maplewood at Darien, LLC (the "Operator"), located in Darien, Connecticut. You are identified in that letter as a contact with respect to the issues raised therein.

This letter does not constitute an admission that the law has been violated as alleged in the letter, that the facts as alleged in the letter are true, or of any other wrongdoing. Rather, this letter is set forth as a comprehensive Plan of Correction for the following alleged violations of the Regulations of Connecticut State Agencies and/or the General Statutes of the State of Connecticut which were noted during unannounced visits by a representative of the State of Connecticut Department of Public Health Facility Licensing and Investigations Section which concluded on June 5, 2019.

1. Violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (d)(4)(A) / (d)(4)F Governing Authority and/or (g)(2)(B)(D) SALSA and/or(l)(7)(B) Quality Assurance and/or (m)(5) Client Bill of Rights.

    A. Measures to Prevent Re-Occurrence:

        1. Promptly after the incident, the Supervisor of Assisted Living Services Agency (the "SALSA") and the RN Designee ("RND") obtained orders for the discontinuation of any controlled substances which had not been used

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by a resident within the previous two to three-month period in order to reduce the quantity of controlled substances in the Community.

2. After discussion with representatives from Connecticut Pharmacy, it was decided that all scheduled controlled substances would no longer be packaged together with other medications in medication on time ("MOT") packages, but would instead be packaged separately. This procedure was implemented on or about June 15, 2019 for all residents with scheduled controlled substances medications.

3. All scheduled controlled substance medications were added to the "as needed" (PRN) controlled substance medication counts, which occur three (3) times per day, at change of shift.

4. All controlled substance medications delivered or waiting to be picked up by the pharmacy are now placed under double lock in the nursing office until the pharmacy picks up the medications or the nurse brings the medication to the residents' apartments, as the case may be.

5. On May 26, 2019, the SALSA educated (i.e. in-serviced) all staff nurses at the Community on the controlled substance policy, including changes to the policy.

6. The SALSA educated (i.e. in-serviced) all nurses at the Community on the need to identify, count and verify all medications against the medical administration record ("MAR") prior to administration of medications.

B. Date of Corrective Action Plan ("CAP"):

All corrective actions as described above were completed by June 30, 2019, except for on-going monitoring.

C. Plan to Monitor/Audit:

1. The SALSA and/or RND continued to monitor all narcotic counts by performing administrative counts at least twice per month. This procedure remains in place and is ongoing.

2. Controlled substance medications continue to be counted shift to shift three (3) times per day, with no discrepancies noted to date.

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3. Controlled substance medications continue to be packaged in a separate MOT, allowing for easy discovery of any discrepancies.

4. No discrepancies or diversions have been discovered or reported at Maplewood in Darien since May 21, 2019.

D. Staff Member Responsible for Monitoring the Plan of Correction:

The staff member responsible for ensuring the Community's compliance with this Plan of Correction will be the Supervisor of Assisted Living Services Agency of the Community.

Should you have any questions, please contact me at (203) 202-9883.

Respectfully submitted by,

Dorette Lewis-Senior, RN
Supervisor of Assisted Living Services Agency
Maplewood at Darien ALSA, LLC

CP:aa
cc: Amy Silva-Magalhaes (by email)
Brian Geyser (by email)
Constantin Popescu (by email)
Shane Herlet (by email)
David Cahill (by email)
Arthur E. Miller (by email)
Thamara Barbosa-Tirri (by email)
Hanithah Manickam (by email)

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