STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality And Safety Branch

June 22, 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 June 9, 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 is a 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 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 July 2, 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 Megan.Edson.Sawyer@ct.gov may be subject to disciplinary action.

DATE OF VISIT: June 9, 2021

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

You may wish to dispute the violation and you may be provided with the opportunity to be heard. If the violation are not responded to by July 2, 2021 or if a request for a meeting is not made by the stipulated date, the violation 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 RN

Karen Donato, RN
Interim Supervising Nurse Consultant
Facility Licensing and Investigations Section

KD:lst

c: Complaint CT #30149

DATE OF VISIT: June 9, 2021

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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 Assisted living services agency (g) Supervisor of assisted living services (2)(B) and/or (h) Nursing Services provided by an assisted living services agency (4)(A) and/or (k) Client service record (2)(I)(J)(L).

1. Based on clinical record review, agency documentation, policies and staff interviews for one of three clients (Client #1) who depended on Assisted Living Services Agency (ALSA) services for medication administration, assistance with activities of daily living and hourly safety checks, the ALSA failed to document missed medication doses within the Medication Administration Record (MAR) and failed to retain a complete service record. The findings include:
   a. Client #1 was admitted to the ALSA program on 04/23/2018 with diagnoses that included dementia, diabetes, arthritis, and high blood pressure. The Client Service Plan dated 01/22/2019, identified that the client required assistance from ALSA licensed staff for medication administration and ALSA aides for assistance with activities of daily living and hourly safety checks.
   Client #1's medications included: Finasteride 5 milligrams (mg) daily, Glimepiride 4 mg daily, Levothyroxine 75 micrograms (mcg) daily, Losartan 25 mg daily, Probenecid 500 mg daily, Senna plus 8.6 mg daily and Tradjenta 5 mg daily.
   Interview and review of Client #1's clinical record with the Registered Nurse (RN) Designee on 06/09/2021 at 11:30 AM, identified nursing staff failed to sign off and document in the monthly MAR whether the client took or refused Finasteride, Glimepride, Levothyroxine, Losartan, Probenecid, Senna and Tradjenta on 06/19/2019, 07/28/2019, 09/21/2019 and 10/25/2019 and failed to follow agency policies on documentation in the MAR. Although requested, the RN Designee indicated the MARs from the months of January 2020 through April 2020 were missing from Client #1's clinical record. Review of the agency's policies for Medication Administration by Licensed Nurses, directed inpart that nursing staff were to document in writing, the observation of the client's actions regarding the medication such as whether the client took or refused the medication on the back of the MAR, with the date and time. The agency's policies further indicated if several doses of a vital medication are withheld or refused, the physician is to be notified and documentation of the notification as well. Review of Client #1's clinical record with the Executive Director on 06/09/2021 at 11:45 AM, identified on 04/20/2020 at 7:10 AM, Private Duty Aide (PDA) #1 heard yelling coming from Client #2's apartment on the memory care unit. PDA #1 went to the apartment and observed Client #1 swinging the detached wheelchair legs from a wheelchair resulting in injuries to Client #2. The clients were separated, the physician and next of kin was notified. Interview with the Executive Director on 06/09/2021 at 11:45 AM failed to provide
   documentation that hourly safety checks had been performed by the ALSA aides prior to Client #1's entering Client #2's room and indicated the service recap summary log for hourly safety checks for the month of April 2020 were missing from Client #1's clinical record. Review of the agency's policy for Documentation Retention, identified clients'

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

complete records would be retained and not destroyed before the period prescribed in the Document Retention Schedule which was seven years.

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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

Re: Violations of the Regulation of Connecticut State Agencies Section 19-13-D105 assisted living services agency (g) Supervisor of assisted living services (2)(B) and/or (h) Nursing Services provided by an assisted living services agency (4)(A) and/or (k) Client service record (2)(I)(J)(L).

Dear Ms. Donato Ms. Erlikh and Ms. Therrien:

Please see below Plan of Correction submitted by Bridges by EPOCH at Norwalk as a result of an unannounced visit to the community on June 9, 2021. The visit ensued a violation stating the ALSA failed to document missed medication doses within the Medication Administration Record (MAR) and failed to retain a complete service record.

Plan of Correction:

(1) Bridges by EPOCH at Norwalk will follow its Wellness Policy #321 'Medication Administration by Licensed Nurses Documentation' and the Documentation Retention Schedule Policy to ensure proper documentation of missed medication doses within the Medication Administration Record (MAR) and all aspects of Resident Records are retained for 7 years following the Residency Agreement termination.
(2) Effective immediately all Bridges by EPOCH at Norwalk staff will follow Wellness Policy #321 'Medication Administration by Licensed Nurses Documentation' as well as the Documentation Retention Schedule Policy.
(3) An in-service has already been completed with Regional Director of Quality Assurance on June 9, 2021 with all LPNs within the community to re-educate on proper nursing documentation including the proper documentation of missed medication doses. A re-education will also be done with the community's RN Designee, Wellness Coordinator and all LPNs by August 10, 2021 to review the Documentation Retention Policy.
(4) The Executive Director will review terminated Resident Records to ensure they are filed in completion and retained for 7 years. The Executive Director will ensure community compliance at the quarterly Quality Assurance meetings.

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

Respectfully Submitted,

Addie Ricci

Executive Director

Bridges by EPOCH at Norwalk

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DOCUMENT RETENTION POLICY.

1. INTRODUCTION

Each employee of Epoch Senior Living must adhere to the requirements set forth in this Document Retention Policy. Each employee is responsible for their own conduct in complying with this Policy. Employees must cooperate with all who are responsible for administering and monitoring the Document Retention Policy.

- Epoch Senior Living has established specific retention requirements for certain categories of documents, set forth in the Document Retention Schedule which follows as Exhibit A. Documents will be routinely destroyed at the end of the specified retention period. No destruction should occur if it could otherwise be construed as an obstruction of justice or violation of law. Any questions in this regard should be raised with the Compliance Officer of Epoch Senior Living before documents are destroyed.

If there is reason to believe that a violation of the Document Retention Policy has been committed or that a government investigation exists or is imminent, no relevant documents should be destroyed until clearance has been obtained from the Compliance Officer.

2. POLICIES AND PROCEDURES

Section 2.1 Purposes

Epoch Senior Living has adopted this Document Retention Policy to ensure that records are retained for a uniform time period by employees and to avoid the unnecessary accumulation of documents unlikely to be required for future business operations. The purposes of the Document Retention Policy are:

- to meet current needs in record storage and retrieval systems;
- to ensure compliance with various governmental regulations concerning document retention periods;
- to promote the cost-effective management of records;
- to update any previously issued record retention schedules;
- to maintain documentation consistent in all Epoch Senior Living communities and the corporate office; and
- to ensure uniformity in records retention.

The Policies and Procedures set forth herein apply to all documents and records maintained in paper or electronic form, including without limitation, computer storage, microfilm, microfiche, disks, tapes, and electronic mail ("email"). The terms records and documents are interchangeable and include originals and copies of all correspondence, contracts, charts, ledgers, forms, books, drawings, photographs, film, video, sound records, or any other material used in business operations.

Section 2.2 Compliance Officer

A Compliance Officer will be designated and have ultimate responsibility for overseeing compliance of this Document Retention Policy. In the absence of the specific designation of a Compliance Officer, the Chief Financial Officer shall serve as the overseer of the Document Retention Policy. The Compliance Officer will be empowered to appoint other or supervisory personnel to assist in this oversight. The essential function of the Compliance Officer is to ensure that the chain of responsibility is in place for coordinating and implementing this Document Retention Policy. The Compliance Officer and other supervisory personnel shall seek the assistance and guidance of legal counsel whenever needed to answer any questions regarding this Document Retention Policy. The designation of a Compliance Officer or any appointees thereof in no way diminishes the responsibility of all

personnel to comply with this Document Retention Policy.

Section 2.3 Retention Periods

Records shall not be destroyed before the period prescribed in the Document Retention Schedule has expired. Retention periods should apply only to **original** documents unless otherwise specified. Duplicates should generally be discarded after use unless necessary to support current operations. If duplicates are so retained, they should be discarded after they have served their purpose. Similarly, notes, handwritten memos and other types of non-substantive documents should be discarded.

In no event should any document be retained for a period longer than the retention period of the original document without first contacting the Compliance Officer or appointed supervisor. Employees should not selectively discard records or other documents that would normally be retained for a longer period of time because they believe that the documents might be harmful to any employee or to Epoch Senior Living.

Record retention periods are generally based on federal and state statutes and regulations, or are as long as the statute of limitations for filing a suit which is based upon that record. For some classes of documents, there are no legally mandated retention periods and those prescribed in the Document Retention Schedule are based on customary business practices and reasonable necessity. For records not listed on the Document Retention Schedule, employees should retain documents as long as they serve general business needs.

Section 2.4 Records Destruction Policy

When records are destroyed in an organized fashion, based upon a written policy or regular schedule, a serious benefit is conferred in the event of an investigation or litigation. Destruction of records without such procedures may be seen as suspect in the event of an investigation or litigation. Epoch Senior Living's destruction schedule is quarterly within five (5) days of the end of each calendar quarter. The following principles should be adhered to:

- No records should be destroyed if the Document Retention Policy would require retention.
- Prior to destruction, documents should be classified, and a random sample of each category should be examined for content and scope (a full inventory is generally not necessary).
- Destruction should be pursuant to a designated plan.
- Destruction of electronic records should involve downloading them to an offline storage media such as magnetic tape or diskette, followed by erasure or deletion.
- All records should be destroyed during the same time period.
- A permanent record should be kept to document the scope of documents destroyed, the date of destruction, and the identity and signature of the Compliance Officer or person supervising the record destruction.
- If a professional record destruction company is used, the contract should clearly define the procedures to be followed and provide for a method to safeguard the confidentiality of any of the records.

A one-time destruction program to initially eliminate records consistent with this Document Retention Policy should not be suspect if the destruction is performed pursuant to the procedures outlined above.

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If Epoch Senior Living receives a subpoena or is involved in or aware of any pending or imminent investigation, proceeding or civil action to which its records are relevant, no record relating to such matters should be destroyed even if destruction is indicated under this Document Retention Policy. Under these circumstances, destruction of records could subject Epoch Senior Living to prosecution for obstruction of justice or contempt of court.

Section 2.5 Special Considerations

The following special considerations apply to application of the Document Retention Policy.

Section 2.5.1 Records Relevant to More than One Category

When records may be subject to more than one category and corresponding retention periods, employees must use the longest retention period, Employees should never guess as to the retention period applicable to a particular record. Any questions in this regard should be directed to the Compliance Officer.

Section 2.5.2 Copies

Only one copy of each record must be retained to comply with record retention requirements. Participants in a project should make efforts to arrange for only one common file of project documents to be maintained. All duplicates and extra copies of documents should be destroyed when no longer necessary.

Section 2.5.3 Electronic Records

Electronic records should be filed, labeled and retained in the same manner as paper records so as to permit review by appropriate subject matter. E-mail should also be treated similarly to paper records (i.e., e-mail messages which are generated daily when working on a matter--analogous to information found on Post-It Notes--may be deleted, however, e-mail that is important and related to a particular project should be filed and retained). Employees may opt to print such messages and retain them in hard copy.

Security issues are paramount if records are retained electronically. Multiple computer terminals gives increased numbers of individual's potential unauthorized access to confidential documents such as records with personal information. The following points address the security of computerized records:

- Each staff member should have his/her own access codes for entry into the system. The code should be deactivated upon termination of employment or resignation from the company. The extent of access into the record may vary with the position of the individual (e.g., supervisors may have complete access where others may be given more limited access).

- The system should be able to detect unauthorized attempts to gain access, with the ability to lockout access to the system after several unsuccessful attempts to gain access.

- Personnel using the computer should lock the computer or log off whenever they leave a workstation. The workstations should automatically lock or shut down log off if not used after a specified time period.

- Mainframe, servers and other computer devices shall be stored in a location that protects them from unauthorized physical access. Portable computing devices

must not be left unattended at any time unless the device has been secured.

Section 2.5.4 Exceptions

Any exceptions to Epoch Senior Living's Document Retention Policy should be made only after consultation with the Compliance Officer. Any employee who believes that circumstances warrant such a deviation should promptly contact the Compliance Officer.

Section 2.5.5 Investigations, Legal and Administrative Proceeding

The Document Retention Policy and specifically all document destruction procedures shall immediately be held in abeyance in the following circumstances:

- The records may be covered by a subpoena that has been issued (or other existing request) or there is reason to believe that the records may be subpoenaed (or otherwise requested) in a current or impending matter;

- There is an existing or impending internal or governmental investigation, civil litigation or other legal or administrative proceeding that may reasonably require production of the records; or

- Epoch Senior Living is voluntarily cooperating with the governmental authorities or other outside parties in a legal or administrative proceeding that may reasonably require production of records.

The Compliance Officer has the primary responsibility of promptly notifying appropriate employees of the occurrence of any of the above events to ensure that a proper "HOLD" is placed on record destruction. Specific instructions regarding the "HOLD" will be appropriately disseminated. If there is any questions whether a particular document is, or should be, subject to a "HOLD" designation, the Compliance Officer's approval must be obtained prior to the destruction of such documents.

Any employee who has reason to believe that the above-described or any other circumstances warrant retention of Epoch Senior Living records beyond the required periods should preserve the records in question and immediately contact the Compliance Officer.

Section 2.5.6 Privileged and Otherwise Protected Documents

Epoch Senior Living is entitled by law to keep certain documents confidential, even when sought by an opposing party in a legal proceeding. Such documents are commonly referred to as privileged. The Epoch Senior Living policy is to maintain the confidentiality of all privileged documents.

There are several types of protection against disclosure, including the attorney-client privilege, the work product doctrine and, in some circumstances, the self-evaluation privilege. The attorney-client privilege applies to confidential communications between a client (Epoch Senior Living) and its attorneys (lawyers retained to represent Epoch Senior Living and its affiliates and subsidiaries). The work product doctrine protects documents prepared in connection with, or in anticipation of, litigation that reflect legal strategies and attorney thought processes. The self-evaluation privilege may protect fraud and abuse, environmental or other compliance audits and similar documents. Documents of a sensitive nature such as business plans, trade secrets or strategic plans warrant special attention to preserve confidentiality and unnecessary duplication.

In order to maintain the privileged nature of a document, the rules defining the privilege must be strictly observed. One rule common to all privileges is that the privileged document must be kept confidential

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from third parties. If an otherwise privileged document is shared with a third party, the privilege might be lost forever. If any employee is a custodian of documents that might be privileged, that individual should (i) notify the Compliance Officer, and (ii) ensure that the documents are segregated in files and marked "privileged and confidential".

Section 2.5.7 Work Files

Personal work files may be maintained so long as a matter is pending. Once a matter is concluded, records contained in a work file should be retained or discarded in accordance with the prescribed retention periods. Personal copies and informational copies kept by employees have the same force as an "original" copy in a court of law. Thus, these records may be subpoenaed from an employee, even if the original has been destroyed.

III. CONCLUSION

Epoch Senior Living is committed to strict compliance with all laws and ethical standards by all of its employees. Any questions regarding issues raised by this Document Retention Policy should be directed to the Compliance Officer and/or his/her representative.

EXHIBIT A

Assisted Living Residence-Resident related documents	
Information/Documents	**Retention Requirements**
Resident Record: Assessment, service plans, practitioner review, progress notes, introductory visits, SAMM, LMA, PoA, HCP, guardianship orders, Residency Agreement, Disclosure of Rights and Services, negotiated risk agreements	7 years following Residency Agreement termination
Residency Agreement: amendments, fee increase notices, required EOEA cover sheet	7 years following Residency Agreement termination
Census document (if all units not ALR)	2 years
Personnel/Employee Record: job description, CV with education and experience, licenses/certifications or personal care services training, documentation of orientation, criminal offender check, CNA registry check, national practitioner data bank review, annual performance review, health screening, workers comp claims, FMLA requests, practitioner notes/return to work approvals, documentation of accommodations, in-service training, and disciplinary documentation (including any agency or contract personnel)	4 years after termination
QA Plans and Audits, compliance plans and related reviews, committee minutes	7 years
Staff correspondence/communication log (so long as not the more detailed documentation of resident incidents-then considered resident record)	7 years
Staffing schedules	7 years
Payment Records: related communications, evidence of long-term care insurance, courtesy, discounts given	7 years
Reportable Events and Incident Reports:	7 years
Resident, Visitor, Employee Complaints and related investigations	7 years
Reception sign-in pages	7 years
Narcotic Books	7 years

Security video	90 days
Maintenance logs: elevators, boilers, repairs, sprinklers and other fire safety records	7 years
Equipment warranties	Permanently
Kitchen records: equipment cleaning, temperature logs	7 years
Correspondence: mail, memos, e-mail, texts (employer owned phones)	7 years
Policies and Procedures	7 years
Emergency Drills: documentation and improvement plans	7 years
Committee minutes: QA, Safety/Fire	7 years
Contracts: hospice, other services, mutual aid	7 years
Government reports: communicable disease, police calls, fire calls	7 years

Independent Living-Tenant Related Documents	
Information/Documents	Retention Requirements
Applications, credit screening, references, related communications and correspondence (denial and approval), etc.	7 years
Leases, lease amendments, notices of rate increases, guaranties, evidence of authority if signed by legal agent	7 years
Move-in inspection with tenant, list, photos	7 years
Communications: complaints, notice of lease violations, correspondence relative to tenancy (including e-mails, texts)	7 years
Personnel/Employee Record: job description, CV with education and experience, licenses/certifications, documentation of orientation, criminal offender check, annual performance review, health screening, workers comp claims, FMLA requests, practitioner notes/return to work approvals, documentation of accommodations, inservice training, and disciplinary documentation (including any agency or contract personnel)	4 years

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Pets, assistive animals' documentation	7 years
Rent in advance documentation	7 years
Security Deposit documentation (bank account records, interest payments, instructions on where to send refund, evidence of refunds, move-out inspection, itemized list for repairs)	7 years
Last month rent documentation (receipt, notice re interest, etc.)	7 years
Rent payment records (including late fees)	7 years
Other payment records (meals, activities, etc.)	7 years
Work order, repair, maintenance requests	7 years
Equipment warranties, replacements and related records (stove, refrigerator, etc.)	Permanently
Legal notices (no trespass, eviction, small claims court, etc.)	7 years
Marketing materials (advertisements, brochures, etc.)	7 years
Facility inspections (including kitchen, sprinklers, elevators, boilers	Permanently
Permits: CO, elevator, food service, etc.	Permanently
Government reports: communicable disease, police calls, fire calls	7 years
Security video	90 days

Business Records	
Accounts payable ledgers and schedules	7 years
Accounts receivable ledgers and schedules	7 years
Audit reports	Permanently
Bank reconciliations	4 years
Capital stock and bond records; ledgers, transfer registers, Stubs showing issues, record of interest, coupons, options, etc.	Permanently
Chart of accounts	Permanently
Checks (cancelled but see exception below, i.e., taxes Purchases of property, and special contracts; checks should be filed with papers pertaining to the underlying transaction	Permanently

Contracts and leases (expired)	7 years
Correspondence with customers or vendors	4 years
Correspondence (legal and important matters only)	Permanently
Deeds, mortgages and bills of sale	Permanently
Depreciation schedules	Permanently
Duplicate deposit slips	1 year
Employee personnel records (after termination)	4 years
Employment applications	4 years
Financial Statements (end of year, other months optional)	Permanently
General and private ledgers (and end of year trial balances)	7 years
Insurance policies (expired)	4 years
Insurance records, current accident reports, claims, policies, etc.	Permanently
Internal audit reports	4 years
Internal reports (miscellaneous)	4 years
Inventories of products, materials and supplies	7 years
Investments: security and asset acquisition records	Permanently
Invoices to customers	7 years
Invoices from vendors	7 years
Board minutes of directors and stakeholders, including bylaws and charter, incorporation, and initial property transfers from incorporators	Permanently
Notes receivable ledgers and schedules	7 years
Patent records	Permanently
Payroll records and summaries, including payments to current and former employees	7 years
Physical inventory documentation	4 years
Property appraisals by outside appraisers	Permanently
Property records (including costs, depreciation reserves, end of year trial balances, depreciation schedules, blueprints, and plans)	Permanently
Purchase orders	1 year
Receiving sheets	1 year
Sales Records	7 years
Stock and bond certificates (cancelled), option agreements	Permanently
Subsidiary ledgers	7 years

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Tax returns and worksheets, revenue agents' reports, and other documents relating to determination of income tax liability	Permanently
Voucher registers and schedules	7 years
Vouchers for payments to vendors, employees, etc. (include allowances and reimbursement for travel and entertainment expenses)	7 years