STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality And Safety Branch

IMPORTANT NOTICE - PLEASE READ CAREFULLY

October 19, 2021

Stacey Creran, Executive Director
Stonebrook Village At Windsor Locks
550 Old Country Road
Windsor Locks, CT 06096

Dear Ms. Creran:

An unannounced visit was made to Stonebrook Village At Windsor Locks which concluded on September 22, 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 visits. 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 through the ePOC website 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 October 29, 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 violations are not responded to by October 29, 2021 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

We do not anticipate making any practitioner referrals at this time.

Please return your response to Cheryl Davis, PHSM, at cheryl.davis@ct.gov. Please direct your questions concerning the instructions contained in this letter to Cheryl directly at (860) 509-7436. Please do not send another copy via US mail.

Respectfully,

/s/
Cheryl Davis, RN, BSN
Public Health Services Manager
Facility Licensing and Investigations Section

CAD:mb

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (f) Personnel policies for an assisted living services agency (C).

1. Based on review of personnel files for three Assisted Living Services Agency (ALSA) Nurse Aides (NA #1, #2, & #3), agency policy, and interview with the Supervisor of Assisted Living Services (SALSA), the agency failed to consistently provide annual performance evaluations. The findings include:
   a. Interview and review of NA #1's personnel file on 09/22/2021 at 11:50 AM with the SALSA, identified NA #1 was employed by the ALSA since 2018, received an annual performance evaluation in 2019, but failed to identify an annual evaluation was performed in 2020.
   b. Interview and review of NA #2's personnel file on 09/22/2021 at 11:53 AM with the SALSA, identified NA #2 was employed by the ALSA since 2016, received an annual performance evaluation in 2017, 2019 and 2021 but failed to identify an annual evaluation was performed in 2018 and 2020.
   c. Interview and review of NA #3's personnel file on 09/22/2021 at 11:58 AM with the SALSA, identified NA #3 was employed by the ALSA since 2017, received an annual performance evaluation in 2018 and 2019 but failed to identify an annual evaluation was performed in 2020. Review of the ALSA's Performance Improvement policy, identified the performance improvement evaluation process would take place annually. The performance improvement process was a means for increasing the quality and value of an employee's work performance.

   Plan of Correction to Violation #1:

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (e) General Requirements for an assisted living services agency (13).

2. Based on interview and review of agency policy, the agency failed to have an established complaint log. The findings include:
   a. Interview with the Supervisor of Assisted Living Services (SALSA) on 09/22/2021 at 1:00 PM failed to identify the ALSA had an established complaint log available for clients, family members and/or caregivers to lodge a complaint.
   Review of the ALSA's Complaint Investigation policy, identified the SALSA would ensure all clients enrolled in the ALSA had the right to lodge written complaints and the SALSA would ensure all complaints were investigated and any person who had made a complaint was given information to contact the Ombudsman.

   Plan of Correction to Violation #2:

Plan of Correction Accepted 10/29/21 (MES)

Stonebrook Village at Windsor Locks

October 25, 2021

Cheryl Davis, RN
State of Connecticut Department of Public Health
Public Health Services Manager
Facility Licensing and Investigations Section

Dear Ms. Davis:
Stonebrook Village is in receipt of the results of the unannounced visit conducted on September22, 2021 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health. In lieu of contesting the findings, please find attached, the Plan of Correction for Stonebrook Village at Windsor Locks.

Respectfully submitted,

Stacey Crerar
Service Coordinator/Executive Director

POC accepted
10/29/21 (mes)

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (f) Personnel policies for an assisted living services agency (C).

1. Based on review of personnel files for three Assisted Living Services Agency (ALSA) Nurse Aides (NA #1, #2, & #3), agency policy, and interview with the Supervisor of Assisted Living Services (SALSA), the agency failed to consistently provide annual performance evaluations. The findings include:
   a. Interview and review of NA #1's personnel file on 09/22/2021 at 11:50 AM with the SALSA, identified NA #1 was employed by the ALSA since 2018, received an annual performance evaluation in 2019, but failed to identify an annual evaluation was performed in 2020.
   b. Interview and review of NA #2's personnel file on 09/22/2021 at 11:53 AM with the SALSA, identified NA #2 was employed by the ALSA since 2016, received an annual performance evaluation in 2017, 2019 and 2021 but failed to identify an annual evaluation was performed in 2018 and 2020.
   c. Interview and review of NA #3's personnel file on 09/22/2021 at 11:58 AM with the SALSA, identified NA #3 was employed by the ALSA since 2017, received an annual performance evaluation in 2018 and 2019 but failed to identify an annual evaluation was performed in 2020. Review of the ALSA's Performance Improvement policy, identified the performance improvement evaluation process would take place annually. The performance improvement process was a means for increasing the quality and value of an employee's work performance.

   Plan of Correction to Violation #1:

   PLEASE SEE ATTACHED DOCUMENTATION.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (e) General Requirements for an assisted living services agency (13).

2. Based on interview and review of agency policy, the agency failed to have an established complaint log. The findings include:
   a. Interview with the Supervisor of Assisted Living Services (SALSA) on 09/22/2021 at 1:00 PM failed to identify the ALSA had an established complaint log available for clients, family members and/or caregivers to lodge a complaint.
   Review of the ALSA's Complaint Investigation policy, identified the SALSA would ensure all clients enrolled in the ALSA had the right to lodge written complaints and the SALSA would ensure all complaints were investigated and any person who had made a complaint was given information to contact the Ombudsman.

   Plan of Correction to Violation #2:

   PLEASE SEE ATTACHED DOCUMENTATION

PoC accepted
11/29/21 mes

Stonebrook Village
at Windsor Locks

Plan of Correction

Alleged Violation #1

Upon survey of Licensee Old County Senior Living, LLC, a/k/a Stonebrook Village, SBV, it was alleged that:

Based on review of personnel files for three Assisted Living Services Agency (ALSA) Nurse Aides (NA #1,#2 &,#3), agency policy and interview with the Supervisor of Assisted Living Services (SALSA), the agency failed to consistently provide annual performance evaluations.

Response:

SBV, denies the above alleged violation. In lieu of a hearing to contest violation, SBV offers as follows:

Mitigating Factors: When confronted with the pandemic, SBV reprioritized its mission to be almost singularly focused on defending the community against spread of COVID-19. Demands on the supervisory staff who had to protect residents from the threat of transmission while also caring for residents were extreme. As such, executive management advised staff to prioritize efforts to maximize opportunity to keep residents safe. SBV placed less emphasis on administrative compliance during the pandemic and placed overemphasis providing care and keeping residents safe. One area that was deprioritized was staff performance reviews. SBV now realizes the responsibility to perform a top-down audit of its policy and procedure and plan to correct the alleged violation.

Plan of Correction concerning Violation # 1: SBV did or will do as follows:

SBV conducted an audit of personnel files of all CNA and LPN employees of the ALSA to assess deficiencies in performance evaluations on October 20. In any instance where performance evaluations were deficient, and there were a few, SBV conducted a performance evaluation such that as of October 22 all employees' performance reviews were completed. They will be issued to the appropriate staff by Oct. 29 or as the employee's schedule allows for.

Nevertheless, SBV recognizes its obligation to make systemic change to ensure that its compliance with respect to performance reviews is sustainable. To ensure compliance, executive management was apprised of the alleged violation and to ensure top-level monitoring it was resolved that for the next 12 months, the SALSA and RN Designee will maintain a current month's list of which employees are due for a review and complete the evaluation within the appropriate timeframe. For the next 4 quarters, an executive manager will attend the quarterly QA meeting and monitor to ensure that all performance evaluations for that quarter were completed in a timely manner.

POC accepted
10/29/21
mes

Stonebrook Village
at Windsor Locks

Plan of Correction

Alleged Violation #2

Upon survey of Licensee Old County Senior Living, LLC, a/k/a Stonebrook Village, SBV, it was alleged that:

Based on interview and review of agency policy, the agency failed to have an established complaint log.

Response:

SBV, denies the above alleged violation. In lieu of a hearing to contest violation, SBV offers as follows:

Mitigating Factors: When confronted with the pandemic, SBV reprioritized its mission to be almost singularly focused on defending the community against spread of COVID-19. Demands on the supervisory staff who had to protect residents from the threat of transmission while also caring for residents were extreme. As such, executive management advised staff to prioritize efforts to maximize opportunity to keep residents safe. SBV placed less emphasis on administrative compliance during the pandemic and placed overemphasis providing care and keeping residents safe. One area that was deprioritized was staff maintaining a complaint log. SBV now realizes the responsibility to keep and maintain a complaint log and plan to correct the alleged violation by establishing a complaint log and take concrete steps to ensure that the complaint resolutions process is followed as required in regulation.

Plan of Correction Violation # 2: To ensure compliance with regulations, SBV did or will do as follows:

A review of the policy to keep a complaint log was completed by the Service Coordinator with the SALSA on October 25, 2021. A review of the agency's policy was also completed at that time. Upon review, SBV confirmed that each resident and/or family member has the contact information for executive managers of SBV and the Ombudsman. In its review, SBV staff learned that while SBV has an open-door policy in the Service Coordinator, and SALSA offices, and while the two offices have a history of handling complaints in the spirit of the rule, SBV did not keep a sufficient written log in the ALSA, so that when surveyed, surveyors could promptly review the log to assess the extent to which the complaint resolution protocols are compliant.

SBV recognizes its obligation to make systemic change to ensure compliance with respect to maintaining a written complaint log in the ALSA. Executive management was apprised of the alleged violation, and it verified that a separate complaint log was established for the ALSA to address directly through the SALSA any complaint or grievance related to clinical care including staff abuse or financial exploitation. The SALSA will report any complaint she logs to the SC who will act as liaison between a resident, family and the ALSA to ensure that the complaint was promptly investigated, and a resolution was achieved that is appropriate under all circumstances. Over the next four quarters, an executive manager will attend the quarterly QA meeting and monitor to ensure that all complaints are logged and prosecuted properly.

Respectfully Submitted this 25th day of October, 2021.

Mary Cramer

Service Coordinator

Barbara Reynolds RN/SALSA

Supervisor of Assisted Living Services Agency