STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality And Safety Branch

February 2, 2022

Mary Ellen Ierardi, Executive Director
Ocean Meadow Assisted Living And Memory Care
91 East Main Street
Clinton, CT 06413
mierardi@oceanmeadowsl.com

Dear Ms. Ierardi,

An unannounced visit was made to Ocean Meadow Assisted Living And Memory Care on January 3, 2022 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a Covid-19 Infection Control Survey.

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 February 12, 2022.

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

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

institution that fails to submit a plan of correction may be subject to disciplinary action.

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 February 12, 2022 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

Please return your response to the Supervising Nurse Consultant via email at dph.flisadmin@ct.gov or right fax number 860-622-2655. 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,

/s/

Elizabeth Heiney, BS, RN, BC
Supervising Nurse Consultant
Facility Licensing and Investigations Section

EH:csf

c. VL

Accepted POC 2/14/22 mes

DATE(S) OF VISIT: January 3, 2022

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 of an assisted living services agency (4) (f) and/or (e) General requirements for an assisted living agency (1) An agency shall be in compliance with all federal, state, and local laws and regulations and/or Public Act No. 21-185:

1. Based on review of the agency documentation and interviews with agency personnel, the agency failed to employ a full time Infection Preventionist in accordance with Public Act No. 21-185. The finding includes:

a. Tour of the agency on 01/03/2022, identified that the agency is a 48-bed locked memory care assisted living with a current census of 32. There were no COVID positive clients nor any on quarantine. Interview with the Executive Director on 01/03/2022 at 12:30 PM, identified she was aware of Public Act No. 21-185 that directed a full-time Infection Preventionist was required as of 10/01/2021. The Executive Director further indicated Licensed Practical Nurse (LPN) #1 was in training to become the agency's Infection Preventionist but would also maintain her current duties. Additionally, the Executive Director indicated the Supervisor of Assisted Living Agency (SALSA) would be responsible for the oversite of LPN #1 and Infection Prevention program but would also maintain her current duties.

Plan of Correction for Violation #1:

The following is the Plan of Correction for **Ocean Meadow Assisted Living** regarding the Statement of Deficiencies dated **January 3, 2022.** This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is a submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.

A Corrective Action:
   1. Infection Prevention Specialist is LPN #1 who is full time.
   2. SALSA provides oversite on IP Specialist.

B. Completion Date:
   1. SALSA was Infection Preventionist on 10/1/2021. She is full time.
   2. LPN #1 was appointed Infection Prevention Specialist on January 5th post DPH Blast Fax 2022-2

C. Ongoing Quality Assessment and Performance Improvement Process:
   1. Infection Control Committee Meeting monthly or as needed.

D. SALSA will be responsible for the ongoing monitoring of this plan

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