STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

January 4, 2022

Kim Russo, Supervisor of Assisted Living
The Residence At Westport
1141 Post Road East
Westport, CT 06880

Dear Ms. Russo:

Unannounced visits were made to The Residence At Westport on December 21, 22 and 27, 2021 by representatives 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 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 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 14, 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 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 January 14, 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 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.

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

Respectfully,

/s/
Cheryl Davis, R.N., B.S.N.
Public Health Services Manager
Facility Licensing and Investigations Section

CAD:lst

CT #31378

The following is a violation of the regulations of Connecticut State Agencies Section 19-13-D105 (h) Nursing Services (3)(C) and/or (k) Client service record (2)(H)(i)(ii (iii).

1. Based on clinical record reviews, staff interviews, agency documentation, observations, and agency policy for one of three Clients (Client #1) who received Assisted Living Agency Services (ALSA), the ALSA failed to update Client #1's Service Program with a change in condition. The finding includes:
    a. Client #1 was admitted to the ALSA on 11/11/21, with diagnosis that included Dementia, depression, anxiety, and arthritis. The Client's service program last revised on 11/16/21, identified Client #1 required assistance with housekeeping, personal care as needed, and routine nursing assessments.

    Review of Client #1's clinical record and interview with the Supervisor of Assisted Living Services (SALSA) and Executive Director on 12/27/21 at 09:45 AM, identified on 12/15/21 Person #1 reported Client #1 alleged a sexual encounter occurred with Physical Therapist #1 on 12/14/21 during a therapy session at the ALSA. The SALSA and Executive Director indicated the Client had a history of hypersexual behavior toward male Clients. Additionally, a nursing note dated 08/05/21 indicated Client #1 had episodes of hypersexual behaviors toward male Clients at the ALSA which resulted in a referral for behavioral health counseling.

    Review of Client #1's service plan last revised on 11/16/21 and interview with the SALSA on 12/27/21 at 12:45 PM, identified the ALSA failed to update the Client's service plan with interventions that reflected a change in the Client's behavior prior to and after the alleged sexual encounter with Physical Therapist #1 on 12/14/21.

    Review of the ALSA's policy for Change of Client Status, identified in the event there is a change in the Client's mental, medical, or functional status, a change in the Client service plan would be developed within a reasonable period. Based upon the subsequent evaluation and review of options, changes to the Client service plan or transfer to a higher level of care may be needed. The implementation of this policy is primarily the responsibility of the SALSA and Executive Director.

Accepted POC
2/26/22
mes

January 11th, 2022

Cheryl Davis, RN

Public Health Services Manager
Facility and Licensing Investigations Section
State of Connecticut
Department of Public Health

Dear Ms. Davis

The following plan of correction is being submitted on behalf of The Residence at Westport in response to an unannounced visit by your department on December 21,22 and 27,2021 for the purpose of conducting an investigation. The plan of correction is set forth not as an admission of any wrongdoing, but rather as an opportunity to comply with the alleged violations.

The Residence at Westport
Plan of Correction
January 10,2022

The following is a violation of the regulations of Connecticut State Agencies Section 19-13-D105 (h) Nursing Services (3)(C) and/or (k) Client service record (2)(H)(i) (ii (iii).

i. 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:

In response to the finding that an ALSA failed to accurately assess the client's needs in order to update the resident's service plan after change of condition. The community will provide mandatory in-service education for the associates on proper reporting of change in resident status. Associates will be educated to immediately notify the ALSA RN of a significant change.

The date each such corrective measure or change by the institution is effective.

Reeducation will be completed by February 1, 2022

Random Auditing will continue until April 30, 2022

PUC Accepted 2/26/22 mes

The institution's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained.

Communication logs, progress notes and incident reports will be reviewed to ensure that changes in status have been reported per policy.

10% of records will be audited for compliance monthly for a period of 90days.

The title of the institution's staff member that is responsible for ensuring the institution's compliance with its plan of correction

(1 Resident Care Director (SALSA)
(2). RN Designee
(3). Executive Director

Sincerely,

Kim Russo Date : 1/11/2022

Kim Russo

Supervisor of Assisted Living, The Residence at Westport

Date : 1/11/2022

Hanithah Manickam

Executive Director, The Residence at Westport