STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

March 9, 2022

Sandy Ingriselli, Administrator
The Orchards At Southington
34 Hobart Street
Southington, CT 06489
Email: Sandy.Ingriselli@hhchealth.org

Dear Sandy Ingrisello,

An unannounced visit was made to The Orchards At Southington on February 18, 2022 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a Licensing Renewal inspection.

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 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 March 19, 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 violation is not responded to by March 19, 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

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 Assisted living services agency (ALSA) (g) Supervisor of assisted living services (2) (G).

1. Based on a review of facility documentation and interview with facility personnel, the Supervisor of the Assisted Living Services Agency/SALSA failed to ensure weekly reports were provided to the service coordinator in accordance with the regulations. The finding includes:

    a. Review of the facility documentation, and interview with the SALSA on 2/18/2022 at 11:50 AM identified the last weekly report provided to the service coordinator was dated 2/2020 and failed to provide further weekly reports to the service coordinator in accordance with state regulations, regarding any problems or concerns associated with provisions of the core services, MRC, ALSA, and the governing authority as scheduled.

Plan of Correction for Violation #1:

Orchards at Southington Plan of Correction
POC Submitted: 3/15/22
Dates of Visit: 2/18/2021
Sandra Ingriselli, Supervisor of Assisted Living Services Agency

POC accepted 3/24/22 MS

Violation as cited by DPH in 3/9/22 Notice of Non-Compliance	Measures that institution implemented to prevent a recurrence	Date Effective	Institutions plan to ensure sustainability	Individual Responsible
The following is a violation of the Regulations of Connecticut State Agencies <u>Section D19-13-D105 Assisted living services agency (ALSA) (g) Supervisor of assisted living services (2) (G).</u> 1. **Based on a review of facility documentation and interview with facility personnel, the Supervisor of the Assisted Living Services Agency/SALSA failed to ensure weekly reports were provided to the service coordinator in accordance with the regulations. The finding includes:** a. **Review of the facility documentation, and interview with the SALSA on 2/18/2022 at 11:50 AM identified the last weekly report provided to the service coordinator was dated 2/2020 and failed to provide further weekly reports to the service coordinator in accordance with state regulations, regarding any problems or concerns associated with provisions of the core services, MRC, ALSA, and the governing authority as scheduled.**	Immediately following the DPH survey on 2/18/22, the Orchards at Southington reinstituted the weekly report from the SALSA to the resident service coordinator. This weekly report reviews any problems or concerns associated with the provision of core services. Completed education with team in each building under the Orchards at Southington's ALSA license on this requirement and its purpose. Monthly audits to ensure 100% compliance for three months and then every 120 days. Quarterly audits completed prior to the QA meeting will also include the review of the weekly core services report and assure	Week of 2/21/22 Week of 2/21/22 March, 2022	Meet weekly with and report to the resident service coordinator all problems with weekly core services Ongoing education if any members of the team change Continued audits	SALSA/RN Designee/ Resident Service Coordinator SALSA/RN Designee/ Resident Service Coordinator SALSA; QA Auditors

POC accepted 3/24/25

	that they are complete and timely.			

The filing of this plan of correction is not an admission by the Orchards at Southington, its officers, directors, employees or agents, as to the truth of the allegations contained in the Department of Public Health's violation letter or that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by law.