STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

March 11, 2022

Stacey Pellingra, Administrator
The Residence At South Windsor Farms
200 Deming Street
South Windsor, CT 06074

Dear Stacey Pellingra:

An unannounced visit was made to The Residence At South Windsor Farms on February 17, 2022 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 March 21, 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

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (f) Personnel policies for an assisted living services agency (iv) and/or (k) Client service record (H)(i)(ii).

1. Based on a review of the clinical record, facility documentation, interviews and review of the agency policies for one of three clients (Client#1) who resided in the memory care unit, the Assisted Living Services Agency (ALSA) failed to ensure a resident's service plan was comprehensive, and/or failed to ensure that the agency staff followed the agency policy on transfers. The findings include:
    a. Client#1 was admitted to the ALSA memory care unit on 8/26/2020 with diagnoses of dementia and hypertension. The service plan dated 2/9/22 identified that Client#1 required total assistance with bathing, grooming and personal hygiene, and required two persons assistance using the Hoyer lift for transfers.

    Interview with Person#1 on 2/17/22 at 9:30 am identified that Person#1 assisted Aide#1 to transfer the client from a wheelchair to bed, Person#1 believed that the facility was short-staffed on 2/11/22.

    Interview with Aide#1 on 2/17/22 at 12:30 pm identified that Person#1 assisted her to transfer the client from a wheelchair to bed because Person#1 was in the apartment, and Aide#1 did not call another associate because Person#1 indicated that he/she would be glad to assist.

    Review of the Agency policy on transfers with the Supervisor of Assisted Living Services (SALSA) on 12/17/22 at 1:00 pm, identified that staff were required to call for assistance of another aide/staff, if the client required a two-person transfer, and aides were not allowed to accept the assistance from families or other personnel who were not trained.

    Agency policy on Lift Devices, directed for any mechanical transfers/lifts that agency associates were utilizing, there would be 2 trained associates operating the lift at any given time. There shall be no exceptions to this procedure.

    Client#1 was admitted to the ALSA memory care unit on 8/26/2020 with diagnoses of dementia and hypertension. The service plan dated 2/9/22 identified that Client#1 required assistance with insertion of hearing aids.

    Interview with Person#1 on 2/17/22 at 9:30 am identified that Client#1's hearing aids were not inserted into Client#1's ears, per service plan, but were found lying around in the clients' apartment, and that hearing aids had been lost and had to be replaced a couple of times by the family.

    Tour of the memory care unit with the Executive Director, the SALSA and the Director of memory care unit on 2/17/22 at 10:00 am, identified that Client#1 was found sitting at a table in a dining room without hearing aids in place.

accepted
4/1/22
IC

THE RESIDENCE at South Windsor Farms

March 17, 2022

Elizabeth Heiney,BS, RN, BC

Supervising Nurse Consultant
Facility and Licensing Investigations Section
State of Connecticut
Department of Public Health

Dear Ms. Heiney

The following plan of correction is being submitted on behalf of The Residence at South Windsor Farms in response to an unannounced visit by your department on 2/17/2022. The plan of correction is set forth not as an admission of any wrongdoing, but as an opportunity to comply with the alleged violations.

The Residence at South Windsor Farms
Plan of Correction
March 17, 2022

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (f) Personnel policies for an assisted living services agency (iv) and/or (k) Client service record (H)(i)(ii).

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 Assisted Living Services Agency (ALSA) failing to ensure a resident's service plan was comprehensive, and/or failed to ensure that the agency staff followed the agency policy on transfers.

1) Service plans will be updated to include more individualized care for hearing aids.
2)All care associates will receive re-orientation to service plan updates regarding hearing aids.

accepted 4/11/22 TC

3) All care associates will receive re-education on care standards for hearing aids. (Care, safety and storage)
4) All resident care associates will receive re-education regarding the agency's policy on transfers.
5) All resident care associates will be competency tested on mechanical lift transfer.

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

1) Service plans will be updated by 4/21/22.
2) Care associates will be oriented to the service plan updates by 4/21/22.
3) Care associate education regarding care standards for hearing aids will be completed by 4/21/22.
4) Care associate transfer policy education will be completed by 4/21/22.
5) Mechanical lift competency testing will be completed by 4/21/22.

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

(1) The resident service plans will be reviewed for compliance for individualized care needs regarding hearing aids. A monthly random audit for 10% of the residents who have hearing aid needs shall occur for a period of 90 days.

(2) The resident service plans shall indicate resident needs for transfers. A monthly random audit for 10% of the residents who have mechanical transfer needs shall occur for a period of 90 days.

(3) For each resident utilizing a mechanical lift, direct supervision of mechanical lift transfers will occur with change of condition and 120-day assessment on an ongoing basis. Supervision will be documented via ALA Supervision for each trained associate providing the transfer at the time of assessment.

.-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 (Service Coordinator)

Sincerely,

Stacey Pellingra

Executive Director