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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

April 12, 2022

Bruce Graves, SALSA
Luther Ridge
628 Congdon Street West
Middletown, CT 06457
Via Email: bgraves@lutherridge.org

Dear Mr. Graves:

An unannounced visit was made to Luther Ridge on March 22, 2022 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a Licensing Inspection Renewal..

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 April 22, 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

Connecticut Department of Public Health

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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 violation and you may be provided with the opportunity to be heard. If the violation is not responded to by April 22, 2022 or if a request for a meeting is not made by the stipulated date, the violation(s) 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, RN
Supervising Nurse Consultant
Facility Licensing and Investigations Section

[illegible]

c. VL

The following are violations of the Regulations of Connecticut State Agencies Section D19-13-D105 Assisted living services agency (ALSA) (g) Supervisor of assisted living services (2)(a) and/or (h) Nursing services provided by an assisted living services agency (1)

Based on a review of the clinical record, review of agency policies and interview with agency staff for one of one clients reviewed for injuries (Client #1), the agency licensed personnel failed to follow

agency policies for investigating an injury of unknown origin. The finding includes:

Client #1 had a move in date of 4/19/21 to the ALSA with diagnoses that included hypertension, chronic kidney disease and memory loss. Review of the service plan dated 12/6/21 through 4/6/22 indicated that Client #1 required skilled nursing assessment monthly along with supervision of agency aide plan of care, and aide services for housekeeping and weekly laundry assistance.

Review of the Supervisor of Assisted Living Services Agency (SALSA) nursing note dated 1/21/22, with the SALSA on 3/22/22 at 1 PM, identified that Client #1 complained of pain at the base of the skull, that radiated down the trapezius muscle when turning her/his head to the left or right side, with a pain rating of 7/10 (0 being no pain and 10 being the worst pain) and an elevated blood pressure of 190/100 millimeters of mercury. The SALSA indicated calling for emergency services and having the client transported to the Emergency Department (ED) for evaluation. Update from hospital evaluation to the SALSA from the ED Registered Nurse (RN), noted a finding that the client had sustained a neck fracture and would require short-term rehabilitation.

Interview with the SALSA on 3/22/22 failed to identify an agency investigation was conducted after the report of the client sustaining a neck fracture on 1/21/22, and further identified the SALSA failed to follow agency policy on Accident/Incident Reporting and Investigation Procedures.

Interview with Client #1 on 3/22/22 at 12:50 PM indicated that s/he tripped on the carpet, fell to the floor, and must have fractured his/her neck by the way s/he fell. Client #1indicated that s/he doesn't recall calling for help and got back up off the floor without assistance.

Review of agency policies on Accident/Incident Reporting and Investigation Procedures directed that all accidents/incidents must be reported to the next level supervisor within twenty-four hours; a "Level I accident/incident is defined as meeting one of the following criteria, including any serious physical injury to a client, staff, or volunteer. Documentation includes a full report of the incident within twenty-four hours of occurrence, a completion of the accident/incident first report of injury form, (found on the intranet), and documentation assuring all concerned, that the investigation is fact- finding and that the goal is prevention. Staff is instructed to take careful notes, interview one person at a time and summarize details.

POAccepted 4/21/22 JA

Luther Ridge
at Middletown

The following is a plan of correction for Luther Ridge regarding the statement of deficiencies dated April 12, 2022. This plan is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanctions or fine. Rather, it is 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.

An unannounced visit was made to Luther Ridge on March 12, 2022 by a representative of the Facility Licensing and Investigation Section of the Department of public Health for the purpose of conducting a Licensing Inspection Renewal.

The following are violations of the agency policy for investigating an injury of unknown origin.

Policy Accident/Incident Reporting and Investigation Procedures, Level 1 incident.

1. **The SALSA failed to follow agency policy on Accident/Incident Reporting and Investigation Procedures.**

A. Corrective Action:

   1. Executive Director to re-educate SALSA and nursing staff on policy: Accident/Incident Reporting and Investigation Procedures, Falls Management Policy and Documentation Policy to ensure proper procedures are followed and documentation of same.

B. Completion Date: Policy re-education will be completed on or before May 15, 2022.

C. Ongoing Quality Assessment and Improvement Process:

   1. Executive Director will audit 50% of all investigation for a period of four months to ensure proper process and documentation of same.
   2. SALSA, along with interdisciplinary team will review all ALSA residents on a monthly basis, utilizing Care Meeting Process, to identify residents who may have had an accident/incident that warrants further investigation to ensure proper follow through and documentation of same. Will review with Governing Authority meetings.

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