STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

April 14, 2022

Lucille Bowen, SALSA
Saybrook At Haddam
1556 Saybrook Road, Route 154
Haddam, CT 06438
Via Email: lbowen@thesaybrookathaddam.com

Dear Ms. Bowen:

Unannounced visits were made to Saybrook At Haddam concluding on March 21, 2022 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting multiple investigations and a Licensure Renewal Inspection.

Attached are the violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which were 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 April 24, 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

accepted 5/2/22 JBC

The following are violations of the Regulations of Connecticut State Agencies Section D19-13-D105 Assisted living services agency, (d) Governing authority of an assisted living services agency (4)(a) and/or (i) Assisted living aide services provided by and assisted living agency (2):

1. Based on clinical record review, review of facility documentation, and staff interviews, for one of one clients' (Clients #1) who eloped from the building, the Assisted Living Services Agency (ALSA) failed to ensure staff received the necessary training during orientation prior to rendering direct care services. The finding includes:

   a. Client #1 was admitted on 10/6/21 with a diagnoses that included mild cognitive impairment, hypertension, glaucoma, and osteoarthritis. The client service plan identified the client required assistance with medication management and cues 2 times daily, and supervision for bathing and dressing.
   On 11/10/21, client #1 was found by staff outside of his/her patio door. A family meeting was held with the responsible party regarding the need for the memory care unit. Two days following the event on 11/12/21, a private duty aide was hired by the POA, seven (7) days a week during the period of 7:00pm – 7:00am. And during the period of 7:00am – 6:30pm, the client would utilize the locked unit per POA request. The POA was agreeable that client #1 would be unsupervised from 6:30pm until private duty arrives at 7pm.
   Review of facility documentation identified on the evening of 11/24/21, client #1 eloped out of the building, law enforcement was called, and client #1 was located next door on the adjacent property.
   An interview with Aide #1 on 12/1/21 at 8:30am identified she let client #1 out of the memory care unit on 11/10/21 upon the client's request. Aide #1 stated this was her 2nd evening working and was unaware that there was a communication book that staff was required to review at the start of their shift to obtain information on the clients and direct care. She also identified she did "shadow" a staff member the evening before but that was all the orientation she received. She then was given, and assignment worked alone on 11/24/21.
   An interview with the Supervisor of Assisted Living (SALSA) on 12/2/21 at 9:00am identified Aide #1 did not receive the required 10-hour orientation and did not have any documentation of the "shadow" experience or competency.
   The agency failed to ensure Aide #1 was provided with the necessary orientation to safety care for the clients and as a result allowed client #1 out of the memory care unit after h/se requested to leave.

Plan of Correction for Violation #1:

Violation # 1 states in part that "... the Assisted Living Services Agency (ALSA) failed to ensure staff received the necessary training during orientation prior to rendering direct care services." The violation did not consider the mitigating circumstances of this finding namely: -

1. **The staff member in question was being utilized from an agency**
2. **The use of this agency caregiver was related to the extreme circumstance of the Covid-19 Pandemic and the severe staffing shortages faced by this community**
3. **During this challenging time, this community, like so many others, could not have its full staff complement, and training of new staff, specifically agency staff for a period of 10 hours was not feasible as we did not know if we would have gotten the same agency person for the next shift. We consider the requirement for 10 hours of training of agency staff**

Accepted 5/12/22

an unreasonable expectation.

4. **After this incident, the community implemented a corrective action whereby we continued to provide a minimum of 4 hours for any new agency staff and reviewed with each one, both verbally and in written format which they were required to sign, the protocol and expectations of their service to our residents. See attached document. This was done then and continues to be done at an additional expense to the ALSA.**

As a further Plan of Correction for this written violation received on April 14, 2022 The Saybrook at Haddam

- **Utilizes agency staff on a Per Diem basis only on the Memory Care neighborhood to ensure that they have no access to medications as this neighborhood utilizes a licensed nurse to administer medications.**
- **Effective 04/24/2022, the facility will ensure that any new Per Diem care associate affiliated with an agency who may be utilized for care is provided a minimum of 4 hours of orientation, inclusive of completing the attached Agency Staff Orientation worksheet with the ALSA Nurse and working alongside (shadow) a designated trainer within the community, before he/she is scheduled to work on the Memory Care unit.**
- **The ALSA will continue to supervise any agency staff by ensuring that they are never working alone – ALSA care staff will continue to work alongside.**
- **For quality improvement purposes, a quality assessment audit of training of agency staff utilizing the attached form by a QA team member will occur and will be documented by the SALSA every 120 Days.**

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (g) Supervisor of Assisted Living (2)(A) and/or (B) and/or (h) Nursing Services provided by an assisted living services agency.

2. Based on clinical record reviews, interviews with agency personnel, and policy review, for one of three clients (Client #1, #2, #3) who required the administration of medications an Assisted Living Services Agency (ALSA) the agency failed to administer medication in accordance with physician's orders. The finding includes:

a. Client #1 was admitted to the ALSA program on 7/29/2021 with diagnoses that included atrial fibrillation, diabetes mellitus, hypothyroidism, anxiety disorder, hypertension, arthritis, and dementia with behavior disturbance. The Client's service plan dated 7/29/21 identified the client
Review of Client #1's doctor's orders, and the Medication Administration Record (MAR) with the Registered Nurse (RN #1) Designee on 3/21/2022 at 11:00 AM, identified a faxed order addressed to RN #1, was received for buspar 5 mg – take one tablet by mouth each morning and two tablets each evening at 10:00pm and zoloft 25mg – take two- and one-half tablets by mouth each night at 10:00pm. According to agency documentation, the medication was delivered that evening.
Interview with RN #1 identified the order was not started as RN #1 wanted to speak to the

accepted 5/2/22
J Bossard

doctor the next day about client #1's responses to the medications. The doctor visited client #1 the next day on 9/5/21 and was informed the medication had not been started per order and re wrote the orders with the addendum "staff provides buspar and new dose of setraline by 9/6/21 and to contact the doctor if this does not occur.
Review of the ALSA policy "Hold Orders" directed in part for the nurse to obtain a written order from the physician to hold the medication, and document in the resident record, the date, time, and name of the person to whom they spoke regarding the hold order. If possible, the date or parameters for resuming the medication should be obtained. The medication should not be given to the resident until the date and/or time indicated in the physicians hold order.

Plan of Correction for Violation #2:

Violation #2 is accepted; however, we wish to add to the record that this MD acted in a manner that promoted significant concern as it related to the wellbeing of his patient as evidenced by entries made within the patient record by the care team and revealed in the DPH's investigation of the event.

- **Effective 04/24/2022, the RN or Designee will verbally confirm with an ordering physician any order that is unavailable, or which may require clarification, within 24 hours of receipt of the order. The RN reserves the right to hold medications based on the assessment of the resident and potential implications of administering a medication that may cause harm.**
- **Documentation on MD interaction shall be done at the time of discussion and/or if attempts to reach MD fails after three (3) attempts.**
- **If medication is available, but "held" based on the RN assessment, documentation shall reflect reason that the medication was held and time the MD was notified.**
- **Every 120 days, the SALSA/Designee will provide a list of four instances whereby a medication was held or unavailable to a QA team member for the purpose of a performance audit and results shall be documented in the QA report.**

Respectfully submitted by:

Lucille Bowen, RN SALSA
The Saybrook at Haddam
1556 Saybrook Rd.
Haddam, CT 06438

Date: April 22, 2022