STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality And Safety Branch

June 1, 2022

Chris Behm, Executive Director
Via Email: chris.behm@woodbineseniorliving.com
Spring Village At Stratford Llc
6911 Main Street
Stratford, CT 06497

Dear Mr Behm,

An unannounced visit was made to Spring Village At Stratford Llc on April 20, 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 and a Verification of Alzheimer's Special Care Units and/or Programs.

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 June 11, 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 June 11, 2022 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

Please return your response to the elizabeth.heiney@ct.gov via email or 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) 509-8059. 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

EH:csf

c. VL

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing authority of an assisted living services agency (4)(f) and (e) General requirements for an assisted living agency (1) An agency shall be in compliance with all federal, state, and local laws and regulations and/or Public Act No. 21-185:

1. Based on review of the agency documentation and interviews with agency personnel, the agency failed to employ a full time Infection Preventionist in accordance with Public Act No. 21-185. The finding includes:

   a. Tour of the agency on 04/20/2022, identified that the agency had a 45-bed locked memory care assisted living with a current census of 37. There were no COVID positive clients nor any on quarantine within the unit. Interview with the Supervisor of Assisted Living Services Agency (SALSA) and Director of Community Relations on 04/20/2022 at 11:30 AM, identified the agency was aware of Public Act No. 21-185 that directed a full-time Infection Preventionist was required as of 10/01/2021. The SALSA indicated a Registered Nurse was trained to become the agency's Infection Preventionist but ended her employment with the agency in February 2022 and the role of Infection Preventionist remained vacant.

Plan of Correction for Violation #1:

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

2. Based on a review of agency documentation, and interview with the Supervisor of Assisted Living Services Agency (SALSA), the SALSA failed to ensure weekly reports were provided to the service coordinator in accordance with the regulations. The findings include:

   a. Review of the agency documentation, and interview with the SALSA on 04/20/2022 at 12:15 PM, failed to provide weekly reports to the service coordinator in accordance with state regulations, regarding problems and/or concerns associated with provisions of the core services, Managed Residential Care (MRC), Assisted Living Service Agency (ALSA) and the governing authority as scheduled.

Plan of Correction for Violation #2:

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 (h) Nursing Services provided by an assisted living services agency (3)(C).

3. Bases on record reviews, agency documentation, and interviews with agency personnel for four of four Clients (Clients #1, #2, #3 and #4) who depended on the Assisted Living Services Agency (ALSA) for nursing services and aide assistance, the Supervisor of Assisted Living Services Agency (SALSA) failed to complete Clients' assessments as often as necessary based on the Client's condition, but no less frequently than every one-hundred and twenty (120) days. The finding includes:

   a. Client #1 was admitted to the ALSA program on 08/30/2019 with diagnosis that included lupus, heart disease, and osteoarthritis. The service plan dated 12/24/2021, identified the Client required nursing medication administration and assistance of an ALSA aide with dressing, incontinence care and bathing.

   b. Client #2 was admitted to the ALSA program on 12/23/2020 with diagnosis that included heart disease, stroke, and thyroid disease. The service plan dated 01/23/2022 required nursing medication administration and assistance of an ALSA aide with meal set up and safety checks.

   c. Client #3 was admitted to the ALSA program on 01/31/2021 with diagnosis that included Parkinson's disease, muscle weakness, dementia, and anxiety. The service plan dated 11/13/2021, identified the Client required nursing medication administration and received assistance from a private duty aide with grooming, dressing, incontinence care, bathing, eating, transfers, and wheelchair mobility.

   b. Client #4 was admitted to the ALSA program on 02/01/2021 with diagnosis that included fractures, history of falls, heart disease and high blood pressure. The service plan dated 02/14/2022, identified the Client required nursing medication administration and assistance of an ALSA aide with grooming, dressing, incontinence care, bathing, eating, transfers, and walking.
   Interview and review of Client #1, #2, #3, and #4's clinical documentation with the SALSA and Director of Community Relations on 04/20/2022 at 12:30 PM, identified the agency

failed to complete the Clients' assessments as often as necessary based on the Clients' conditions, but no less frequently than every one- hundred and twenty (120) days. Although, requested the agency failed to provide a policy for One Hundred and Twenty (120) Day Nursing Assessments of the Client.

Plan of Correction for Violation #3:

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 (k) Client Service Record (2)(H)(vii) Supervision of the Assisted Living Aides.

4. Bases on record reviews, agency documentation, and interviews with agency personnel for three of four clients (Client #1, #2 and #4). The Supervisor of Assisted Living Services Agency (SALSA) failed to complete supervisions of the Assisted Living Services Agency (ALSA) aides to ensure ongoing competence in accordance with a state regulation. The finding includes:

   a. Client #1 was admitted to the ALSA program on 08/30/2019 with diagnosis that included lupus, heart disease, and osteoarthritis. The service plan dated 12/24/2021, identified the Client required nursing medication administration and assistance of an ALSA aide with dressing, incontinence care and bathing.

   b. Client #2 was admitted to the ALSA program on 12/23/2020 with diagnosis that included heart disease, stroke, and thyroid disease. The service plan dated 01/23/2022 required nursing medication administration and assistance of an ALSA aide with meal set up and safety checks.

   c. Client #4 was admitted to the ALSA program on 02/01/2021 with diagnosis that included fractures, history of falls, heart disease and high blood pressure. The service plan dated 02/14/2022, identified the Client required nursing medication administration and assistance of an ALSA aide with grooming, dressing, incontinence care, bathing, eating, transfers, and walking.
   Interview and review of Client #1, #2 and #4 clinical records with the SALSA on 04/20/2022 at 12:42 PM failed to identify supervisions of ALSA aides were completed. Although, requested the agency failed to provide a policy for the Supervision of ALSA aides.

Plan of Correction for Violation #4:

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 (f) Personnel policies for an assisted living services agency (E).

5. Based on review of agency documentation and interviews with agency personnel, the Assisted Living Services Agency (ALSA) failed to ensure four out of four ALSA aides had pre-employment physical examinations and purified protein derivative (PPD) tests for tuberculosis were conducted. The finding includes:
   a. Interview and review of ALSA aide #1's personnel file with the Supervisor of Assisted Living Service Agency (SALSA) and Director of Community Relations on 04/20/2022 at 12:15 PM, identified ALSA aide #1's date of hire was 03/06/2022. The SALSA failed to identify a pre-employment physical examination and PPD test for tuberculosis was conducted.

b. Interview and review of ALSA aide #2's personnel file with the SALSA and Director of Community Relations on 04/20/2022 at 12:15 PM, identified ALSA aide #2's date of hire was 02/10/2022. The SALSA failed to identify a pre-employment, annual physical examination, and PPD tests for tuberculosis were conducted.

c. Interview and review of ALSA aide #3's personnel file with the SALSA and Director of Community Relations on 04/20/2022 at 12:15 PM, identified ALSA aide #3's date of hire was 03/06/2022. The SALSA failed to identify a pre-employment physical examination and PPD test for tuberculosis was conducted.

d. Interview and review of ALSA aide #4's personnel file with the SALSA and Director of Community Relations on 04/20/2022 at 12:15 PM, identified ALSA aide #4's date of hire was 01/27/2022. The SALSA failed to identify a pre-employment physical examination and PPD test for tuberculosis was conducted.
Although, requested the agency failed to provide a policy for pre-employment and annual physical examinations for ALSA aides.

Plan of Correction for Violation #5:

Phone: (860) 509-7400 · Fax: (860) 509-7543
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph
Affirmative Action/Equal Opportunity Employer

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6/21/22 mw

Spring Village at Stratford
A WoodBine Senior Living Community

June 10, 2022

Elizabeth Heiney

Supervising Nurse Consultant

Facility Licensing and Investigation Section

Dear Elizabeth,

Below is the Plan of Correction for Spring Village at Stratford. This is the response to the April 20, 2022 survey.

Violation #1 Infection Preventionist.

Agency failed to employ a full-time infection preventionist in accordance with Public Act No. 21-185

Spring Village had an Infection Preventionist from 1/9/2022 to 3/2/2022. The Infection Preventionist resigned without notice on 3/2/2022. Upon her resignation we posted the position.

Spring Village is actively trying to replace the Infection Specialist. Due to the local job market, we are currently experiencing we hope to have this in place by 10/1/2022. In the meantime, the duties of the Infection Preventionist are being fulfilled. The Executive Director will oversee compliance and bring up at the QA meetings.

Violation #2 Weekly reports

SALSA failed to ensure weekly reports were provided to the service coordinator. Section D19-13-D105

Spring Village will reinstate the weekly reporting between the SALSA and the Service Coordinator. Spring Village started the weekly reports on June 1, 2022. We will include all accidents, incidents, and infection control issues for the week. Residents out on personal or medical leave. Service delays, staffing issues and new hires and any resident care critical issues. List of residents on service from outside providers. These reports will be reviewed weekly at stand-up meeting with all department heads. Executive Director will ensure that the weekly reporting takes place. (Attachment)

We will in-service on or by July 1,2022 all staff involved in the above violation.

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Violation #3 120-day assessments

SALSA failed to complete clients' assessments as often as necessary based on client's condition, but no less frequent than every 120 days.

Spring Village SALSA re-audited every resident chart for correct 120-day plan of care. Residents identified in our chart audit that needed to be updated assessments are in progress. Copy of Policy is included.

Spring Village has implemented a date driven excel tracker to ensure every resident has their evaluation in a timely manner. SALSA is responsible for ensuring compliance. Inservice of SALSA and Nurses will be completed by July 1, 2022

Violation #4 Supervision of aides

SALSA failed to complete supervisions of the ALSA aides to ensure ongoing competence in accordance with a state regulation.

Spring Village SALSA conducted a new supervision for every resident to re-establish the supervision with a solid start date. Frequency of supervision will be every 120 days with the care plan update or as changes occur. SALSA is responsible for supervisions of ALSA aides. Copy of Policy is included.

Violation #5

Spring Village is responsible to ensure all ALSA aides have PPD and preemployment physical evaluations.

Spring Village had to pause preemployment physical evaluations and PPD's during COVID.

Spring Village has a policy on pre-employment physicals and PPD testing. This policy was restarted on May 15, 2022. We have established a relationship with a local medical provider for pre-employment needs.

All department heads and Human Resources has been trained on this policy. Copy of Policy is included. Employee File Audit form has been created to ensure compliance. The Business Office Coordinator (BOC) is responsible for compliance.

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Spring Village at Stratford

A WoodBine Senior Living Community

Thank you,

Nancy Gotschlich

Nancy Gotschlich

Executive Director

Spring Village at Stratford

executivedirector@springvillagestratford.com

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Weekly Report to the Service Coordinator

Core Service Issues:

Meals:

Laundry:

Transportation:

Housekeeping:

Maintenance:

Domestic:

Social/Recreational:

Additional Services:

Security:

Emergency Call System:

Common Space:

Managed Residential Community Issues:

Move Ins:

Move Outs:

Deaths:

Hospital/Rehab:

Hospice/Palliative Care:

Acute/Unstable Residents:

Resident Concerns:

Service Coordinator: _____ Date: _____

SALSA: _____ Date: _____

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6/24/22

Spring Village at Stratford
A WoodBine Senior Living Community

SUPERVISORY VISITS

POLICY

Nursing personnel will be always available to the aide for consultation during the aide's working hours including after-hours, if indicated. The Nurse will conduct supervisory visits to the patient's residence at regular intervals.

PROCESS

1. The frequency of supervisory visits will be every 120 days or more frequent with resident care changes
2. The overall performance of the aide will be evaluated at least annually for competency by the nurse with observed ADL care.
3. The Nurse will be responsible for:
   - Providing written instructions to ensure compliance with resident care
   - Supervision of all services provided for in the plan of care
   - Specific training in personal care skills and other procedures related to the care of the resident
   - Regular consultations (i.e., case conferences) with the aide
   - Documentation of all pertinent clinical notes, which may include observations made by the aide
   - Annual skill competency evaluations and supervisory reports
4. Supervisory visits and overall supervision will be documented in the clinical record.
   - Supervisory visits will be documented on a supervisory visit form.
   - Ongoing supervision will be documented within the plan of care, aide assignment sheet, and clinical notes.

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Spring Village at Stratford
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RESIDENT ASSESSMENT POLICY

POLICY

It is the policy of this community that all resident's physical, emotional and functional needs will be assessed upon move-in, 30 days after move in, every 120

days and upon change of condition/illness to assure Resident's needs are met.

PROCESS

DON or Designee:

- Determines resident's cognitive ability to participate as a source of information upon move-in.
- Documents a detailed description of the residents condition, including:
  - Response to Move In (if applicable)
  - Functional Status
  - Behavioral Status
  - Appetite Concerns
  - Special Treatment
  - Allergies
  - Prescribed Medications
  - Elimination Status
  - Weight
  - Sensory and communication status
  - Sleep habits

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PDC accepted
6/20/22 MS

Spring Village at Stratford
A WoodBine Senior Living Community

PRE-EMPLOYMENT PHYSICALS

PROCEDURE:

All prospective employees of Spring Village at Stratford will have pre-employment physical before their first day of work. The applicant will go to Griffin Health in Shelton CT for a physical, Drug and PPD test.

At this time, Spring Village at Stratford will make the final decision as to whether the applicant is able to meet the requirements of the job description.

A copy of the full medical exam and results of the lab results will be kept on file at Spring Village at Stratford in the employee's personnel file.

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