STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

January 7, 2020

Michael Latino, Person-in-Charge
Shelton Lakes Residence and Health Care Center Inc
5 Lake Road
Shelton, CT 06484

Dear Mr Latino:

An unannounced visit was made to Shelton Lakes Residence and Health Care Center Inc on November 20, 2019 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a licensure 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 January 21, 2020.

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.

Michael Latino, Person-in-Charge
Apple Shelton Lakes RCH

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 January 21, 2020 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.

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

Karen Gworek, RN

Karen Gworek, RN
Supervising Nurse Consultant
Facility Licensing and Investigations Section

KEG

Cc: Mairead Painter, LTC Ombudsman Program

Approved 1/14/20 KEG

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (j) Attendants Required.

1. Based on observations and interviews for the Residential Care Home Section, the facility failed to designate an attendant to be on duty specific to the residential care home residents. The findings include:
    a. Observations on 11/20/2019 at 10:00 AM identified that there were three (3) Residential Care Home (RCH) beds within a Long Term Care facility unit and of these three (3) beds two (2) were not occupied beds and only one (1) resident resided in the RCH area. Interview with the Administrator and the Corporate Administration identified that there was no designated staff attendant assigned to care for the RCH resident. The Administrator indicated that staff are shared from the Long Term Care facility to also oversee the care of the RCH residents and there was not a specific staff assigned to the RCH resident.

Plan of Correction for Violation #1:

Resident #1 currently resides at the facility and is assigned a Nurse and Certified Nursing Aide To attend to his needs.

All residents have the potential to be affected by this practice. The facility ensures residents Resident in the Resident Care Home have appropriate staffing to meet their needs on a Daily basis.

The Resident Care Home will be submitting a waiver to the Department of Public Health Requesting a waiver to share the appropriate staff from the Long Term Care facility to also Oversee the care of the RCH residents.

Random weekly audits will take place to discuss with the Resident Care Home resident(s) to Ensure that their needs are being met.

The DNS/Designee is responsible for this individual POC.

Date of Compliance 01/14/2020