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

July 30, 2019

Kara Cunningham, Person-in-Charge
Southmayd Home, Inc.
250 Columbia Boulevard
Waterbury, CT 06710

Dear Ms Cunningham:

An unannounced visit was made to Southmayd Home, Inc. on April 8, 2019 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation.

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 visit.

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 August 13, 2019.

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.

DATE OF VISIT: April 8, 2019

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

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 August 13, 2019 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

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

Respectfully,

Karen Gworek, RN

Karen Gworek, R.N.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

KEG:lst

c. Mairead Painter, LTC Ombudsman

CT #24962

DATE OF VISIT: April 8, 2019

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (m) Administration of Medications (2)(F)(ii) and/or (c) Administration (1)(4).

1. Based on resident record review, review of facility policies and documentation and interviews for one of three sampled residents (Resident #1) who received a pain medication and were reviewed for the misappropriation of the resident's medication, the facility failed to ensure the resident's controlled medications were accounted for and available for administration. The findings include:
   a. Resident #1's diagnoses included dementia. A physician's order dated 12/6/18 directed to administer Tramadol 50 milligrams (mg) one (1) tablet every six hours for pain. The Reportable Event Form dated 2/7/19 identified the prescription for Tramadol was ordered and filled under Resident #1's name by a medication certified staff member and upon delivery the order was not recorded on the resident's controlled drug record by the same staff member. The report indicated a different employee confessed to knowing the employee would destroy documentation of the orders, take the medication out of the facility and this process had been occurring for approximately two (2) years. The report identified Drug Control, the local authorities, and the family were notified and all employees involved in the incident were terminated. In a written statement Head Aide #2 admitted they would repeatedly put aside Tramadol on delivery, not document the delivery in the drug book, put the receipt with the medication and hide the medication so there was no record of it. Head Aide #2 stated they were doing this for two (2) years and also named Head Aide #1 and Med Certified Aide #2 to be involved. An interview with the Executive Director on 4/8/19 at 9:30 AM identified that there were three (3) staff members involved with the mishandling of the controlled medications. The Executive Director restated that the three (3) staff members involved had been let go right after the incident was discovered, the incidents were reported to the Department of Consumer Protection and an investigation by Department of Consumer Protection identified multiple discrepancies between the control records and the controlled medication stock. The Department of Consumer Protection investigation indicated there were also forged signatures on the controlled drug records of multiple residents from 2017 to 2019. The Executive Director indicated no internal audits of controlled medications were completed as part of her regular duties. Review of facility policy identified that all controlled medications will be documented on a controlled drug record form and the amount of medication received from the pharmacy, the time and date of each dose administered and the amount of pills / liquid remaining will be documented. When a new controlled medication is received or a refill of a currently prescribed controlled medication is received, a copy of the Controlled Drug Record is submitted to the Executive Director. Subsequent to the 2/7/19 incident the facility developed a Corrective Action Plan that was implemented on 2/14/19.

DATE OF VISIT: April 8, 2019

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (m) Administration of Medications (2)(C)(i)(v) and/or (c) Administration (1).

2. Based on review of personnel files for four of eight Medication Administration Technicians, the facility failed to ensure staff who administer medications, held an active medication certification. The findings include:
   a. Review of the personnel files of four Medication Administration Technicians identified one certificate had expired on 4/11/18 and three certificates expired on 1/21/19.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (m) Administration of Medications (2)(E)(ii)(v) and/or (c) Administration (1)(4).

3. Based on resident record reviews, review of facility documentation, observations and interviews for one of three sampled residents (Resident #1) who were reviewed for medication administration, the facility failed to document on the control count sheet when a controlled medication was administered. The findings include:
   a. Resident #1's diagnoses included dementia. A physician's order dated 12/6/18 directed to administer Xanax 0.25 milligrams (mg) one (1) tablet daily and at bedtime. Observations and review of the control count sheet dated 4/8/19 identified the remaining number of Xanax tablets of did not match the quantity of tablets in the blister card, there were eight (8) tablets in the blister card when there should have been nine (9). Review of facility documentation identified there was no discrepancy at the morning change of shift count on 4/8/19 at 7:00 AM. The Executive Director investigated the discrepancy immediately and reported that the medication technician gave a dose of Xanax to Resident #1 at 1:00 PM and neglected to sign off the control count sheet.

Approved
8/10/19
KEG

Southmayd Home INC.

August 5, 2019

[redacted]
Supervising Nurse Consultant
Facility Licensing and Investigations Section
410 Capitol Avenue, P.O. Box 340308
Hartford, CT 06134-0308

RECEIVED
AUG 0 8 2019
DEPT. OF PUBLIC HEALTH
FACILITY LICENSING & INVESTIGATIONS SECTION

Re: Southmayd Home, Inc. (SMH) Corrective Action Plan

[redacted]

Below is the corrective action plan in response to the findings as a result of the unannounced visit on April 8, 2019. Included is the corrective action plan for the three (3) components listed in your letter dated July 30, 2019 and received August 2, 2019. Please be advised that we will continue to adjust our policies as needed to ensure the proper handling and documentation of all resident medications.

1. *Based on resident record review, review of facility policies and documentation and interviews for one of three sampled residents (Resident #1) who received a pain medication and were reviewed for the misappropriation of the resident's medication, the facility failed to ensure the resident's-controlled medications were accounted for and available for administration.*

   Corrective Actions Taken:
   Implemented February 12, 2019: 1. Two employee signatures are needed for all prescription deliveries. The first signature is made by the head aide on duty followed by either the lead resident care aide, office manager, or executive director. 2. All prescriptions are delivered prior to 3:00pm on weekdays by Stoll's pharmacy to ensure there are two employees available to sign. 3. Prescription deliveries will be inspected upon delivery by both signers to verify the contents match the contents on the delivery slip. The pharmacy is to be contacted immediately if there is a discrepancy to determine the best course of action. 4. Stoll's pharmacy will send the weekly order history for all orders filled. The weekly order history will be used to verify prescriptions are entered on Southmayd's drug control form. The lead resident care aide will be responsible for verifying order deliveries match our controlled drug documentation. The executive director will perform unannounced audits. 5. The control drug lock box has been secured

into the locked cabinet and all locks have been changed. 6. Medication certified staff has been trained on the revised medication policies and retrained on all medication management policies.

[redacted]

Implemented March 1, 2019: 1. Incoming residents will be encouraged to use Stoll's pharmacy for prescription needs. Current residents not using Stoll's pharmacy for their pharmacy needs have been encouraged to switch. 2. A revised control drug form has been implemented to include the script number and dosage schedule. The control drug form allows documentation for the exact number of pills in the prescription. Once completed, the sheet will be given to the executive director to review and file. 3. As needed medication will be documented the same as scheduled medications. 4. Internal audits will be performed randomly and routinely by the lead resident care aide and executive director.

Implemented April 29, 2019: A part-time (29 hours/week) registered [redacted] hired to oversee the facility's medication administration department. The registered nurse is directly responsible for oversight of all medication administration, including performing unannounced quarterly controlled medication audits and is responsible for signing for medication deliveries. The findings of the audits are reported to the executive director for review. The executive director will perform bi-annual unannounced audits on all controlled medications.

The registered nurse and executive director will monitor the medication revised policies effectiveness to ensure the systematic changes are sustained primarily through internal audit findings, but also department meetings and staff feedback.

2. *Based on review of personnel files for four of eight Medication Administration Technicians, the facility failed to ensure staff who administer medications, held an active medication certification.*

Corrective Actions Taken: Three (3) of the four (4) staff members who had expired medication administration certificates resigned from their position for involvement in this incident; one on February 13, 2019, and the two (2) others on February 19, 2019. The remaining employee, not involved in the incident, successfully completed the re-certification course on March 13, 2019.

Medication certified technicians are now required to notify the registered nurse no less than 60 days prior to the expiration date of their medication certificate. The registered nurse will also keep track of certificate expiration dates using an excel spreadsheet. Employee expiration dates will be documented on a calendar located in the registered nurse's office.

Southmayd Home INC.

3. *Based on resident record reviews, review of facility documentation, observations and interviews for one of three sampled residents 9Resident #1) who were reviewed for medication administration, the facility failed to document on the control count sheet when a controlled medication was administered.*

   Corrective Actions Taken: A review of documentation of controlled medication policies was reviewed with medication certified staff at the April 9, 2019 department meeting. Quarterly unannounced audits of controlled medications are performed by the registered nurse to ensure proper documentation. The executive director performs unannounced audits of controlled medication bi-annually. Medication certified staff members were informed at the April 9, 2019 department meeting that failure to abide by these policies will result in disciplinary action up to and including termination.

Please do not hesitate to contact me with any questions or concerns. Thank you.

Sincerely,

K. Cunningham

Kara Cunningham, MPH
Executive Director
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Cc: Jackie Gough, RN