STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

August 24, 2022

Maryellen Wallin, Executive Director
Via Email: Executive.director@springvillagedanbury.com
Spring Village At Danbury
8 Glen Hill Road
Danbury, CT 06811

Dear Ms. Wallin,

Unannounced visits were made to Spring Village At Danbury on August 4, 2022 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a Complaint Investigation Survey with additional information received through August 8, 2022.

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 September 3, 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 **September 3, 2022** or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

We do not anticipate making any practitioner referrals at this time.

Please return your response to Elizabeth Heiney, Supervising Nurse Consultant, at Elizabeth.Heiney@ct.gov. Please direct your questions concerning the instructions contained in this letter to Elizabeth Heiney directly at (860) 509-8059. Please do not send another copy via US mail.

Respectfully,

/s/

Elizabeth Heiney, RN
Supervising Nurse Consultant
Facility Licensing and Investigations Section

EH:csf

c. VL
Complaint #32638

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 Assisted living services agency (ALSA) (d) Governing authority of an assisted living services agency (1)(4)(A)(I) and/or (g) Supervisor of assisted living services (2)(G)(H) and/or (j) Assisted living services agency staffing requirements (1)(3)(5).

1. Based on a review of facility documentation and interview with facility personnel, the Governing Authority failed to ensure the quality of services provided by the agency and/or the Supervisor of the Assisted Living Services Agency/SALSA failed to ensure weekly and monthly reports were provided to the service coordinator in accordance with the regulations and failed to ensure staffing to meet the client's needs. The finding includes:

    a. Review of the facility documentation, and interview with the Executive Director/ED on 8/03/2022 at 11:00 AM identified the date of hire of the Former SALSA on 4/12/21 and the resignation on 12/01/21 and failed to identify appointment of another SALSA from 12/02/21 to 8/03/22 (8 months).
    Review of the facility documentation, and interview with the Executive Director on 8/03/2022 at 11:00 AM identified the date of hire of RN #2 on 12/29/21 and appointed as part-time Registered Nurse/RN Designee and the resignation on 4/29/22 and failed to identify appointment of another RN Designee from 4/30/22 to 8/03/22 (3 months). Additionally, the ED indicated that the intent was to promote RN #2 to the SALSA position, although, the position was declined by RN #2.
    Review of facility employee roster and the licensed staffing assignments for July 2022 with the Governing Authority and ED on 8/04/22 at 3 PM identified only 1 RN #1 and 1 LPN #1 were employed and assigned opposite days on the July weekly schedule. It was identified the agency failed to identify a licensed professional was scheduled on 7/26/22 and failed to ensure adequate staffing of a SALSA and RN Designee and/or quality of care rendered to the clients.
    Review of the facility documentation, and interview with the Executive Director on 8/04/2022 at 11:00 AM identified the resignation of the Former SALSA on 12/01/21 with a gap in the submission of the weekly reports provided to the service coordinator from 1/22 through 5/22 in accordance with state regulations, regarding any problems or concerns associated with provisions of the core services, MRC, ALSA, and the Governing Authority as scheduled.
    Review of the facility documentation, and interview with the Executive Director on 8/04/2022 at 11:10 AM identified the resignation of the Former SALSA on 12/01/21 and failed to identify the provision of monthly reports to the service coordinator from 1/22 until present (7 months) regarding statistical data including the number of clients served and services provided. The summaries, of which shall be provided to the Governing Authority in accordance with the schedule established by the Governing Authority and failed to identify that the Service Coordinator ensured these weekly and monthly reports were completed so that concerns could be reviewed and discussed with the Governing Authority.

Plan of Correction for Violation #1:

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 (d) Governing Authority of an assisted living services agency (4)(f) and/or (g) Supervisor of assisted living services (2)(A)(B) and/or (h) Nursing services provided by an assisted living services agency (3) and/or (i) Assisted living aide services provided by an assisted living services agency (5)(B) and/or (k) Client Service Record (2)(H)(vii)(L).

2. Based on clinical record reviews, agency policies, and interview with agency personnel for five of five clients (Client #1, 2, 3, 4 and 5) 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 and failed to ensure a Registered Nurse completed admission assessments and failed to complete 120 day assessments and failed to ensure documentation of all care and services rendered, including assisted living aide notes were reviewed by the RN. The finding includes:

   a. Client #1 was admitted to the ALSA program on 6/21/22 with diagnoses that included end stage renal disease and hypertensive heart with chronic kidney disease. The Client's service program dated 7/01/22, identified Client #1 required medication administration by a nurse, assistance of an ALSA aide for personal care, incontinent care, dressing, bathing, and transfers.
   Review of Client #1's clinical documentation with RN #1 on 8/03/22 at 1 PM, identified that the initial nursing assessment was completed by LPN #1 and failed to ensure completion by an RN.
   Review of facility documentation dated 6/24/22 with RN #1 on 8/03/22 at 1:15 PM identified that the client was found on the floor by ALSA aide #1 at the end of the 11-7 AM shift during a safety check and sustained a small swollen area on the left side of the head. LPN #1's nursing note dated 6/24/22 lacked documentation of an RN being notified, or of an RN assessment of patient related to the fall and prior to the ALSA aide assisting the client back to bed.

   a. Client #2 was admitted to the ALSA program on 9/11/17 with diagnoses that included acute respiratory failure with hypoxia, chronic kidney disease and heart failure. The Client's service program dated 6/01/22, identified Client #2 required medication pre-pours by a nurse, cueing by an ALSA aide, assistance of an ALSA aide for personal care, incontinent care, dressing, bathing, and transfers.
   Review of Client #2's clinical documentation with RN #1 on 8/03/22 at 1 PM, failed to identify supervision of the ALSA aides were completed since 1/18/21 in accordance with agency policies and state regulations.
   Review of Client #2's clinical record with RN #1 on 8/03/22 at 1:30 PM identified the last nursing assessment was completed on 1/18/21 and failed to complete a nursing assessment every 120 days according to agency policies.

   b. Client #3 was admitted to the ALSA program on 3/31/21 with diagnoses that included chronic respiratory failure with hypercapnia, congestive heart failure and cognitive communication deficit. The Client's service program dated 6/01/22, identified Client #3

required medication pre-pours by a nurse, cueing by an ALSA aide, assistance of an ALSA aide for personal care, incontinent care, dressing, bathing, and transfers.
Review of Client #3's clinical documentation with RN #1 on 8/03/22 at 1 PM, failed to identify supervision of the ALSA aides were completed since 11/27/21 in accordance with agency policies and state regulations.
Review of Client #3's clinical record with RN #1 on 8/03/22 at 1:30 PM identified the last nursing assessment was completed on 11/27/21 and failed to complete a nursing assessment every 120 days according to agency policies.

c. Client #4 was admitted to the ALSA program on 4/26/21 with diagnoses that included obsessive compulsive disorder, metabolic encephalopathy, and atrial fibrillation. The Client's service program dated 6/01/22, identified Client #4 required medication pre-pours by a nurse, cueing by an ALSA aide, assistance of an ALSA aide for personal care, incontinent care, dressing, bathing, and transfers.
Review of Client #4's clinical documentation with RN #1 on 8/03/22 at 1 PM, failed to identify supervision of the ALSA aides were completed since 12/24/21 in accordance with agency policies and state regulations.
Review of Client #4's clinical record with RN #1 on 8/03/22 at 1:30 PM identified the last nursing assessment was completed on 12/24/21 and failed to complete a nursing assessment every 120 days according to agency policies.

d. Client #5 was admitted to the ALSA program on 10/30/19 with diagnoses that included insulin dependent diabetes, mellitus chronic kidney disease and glaucoma. The Client's service program dated 6/01/22, identified Client #5 required daily insulin injections by a nurse, medication cueing by an ALSA aide, assistance of an ALSA aide for personal care, incontinent care, dressing, bathing, and transfers.
Review of Client #5's clinical documentation with RN #1 on 8/03/22 at 1 PM, failed to identify supervision of the ALSA aides were completed since 11/16/21 in accordance with agency policies and state regulations.
Review of Client #5's clinical record with RN #1 on 8/03/22 at 1:30 PM identified the last nursing assessment was completed on 11/16/21 and failed to complete a nursing assessment every 120 days according to agency policies.

Plan of Correction for Violation #2:

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 Assisted living services agency (ALSA) (d) Governing authority of an assisted living services agency (4)(A) and/or (g) Supervisor of assisted living services (2)(A)(B) and/or (h) Nursing services provided by an assisted living services agency (1)(2)(4)(C) and/or (j) Assisted living services agency staffing requirements (1)(3)(5).

3. Based on clinical record reviews, agency policies, and interview with agency personnel for six of six clients (Client #3, 5, 6, 7, 8 and 9) the Supervisor of Assisted Living Services Agency (SALSA) failed to supervise assigned nursing personnel and assisted living aide services in the delivery of nursing services and failed to ensure nursing services were provided by licensed nurses and failed to ensure medications were administered by licensed nurses and failed to ensure adequate staffing to meet the client's needs. The finding includes:

   a. Client #3 was admitted to the ALSA program on 3/31/21 with diagnoses that included chronic respiratory failure with hypercapnia, congestive heart failure and cognitive communication deficit. The Client's service program dated 6/01/22, identified Client #3 required medication pre-pours by a nurse, cueing by an ALSA aide, assistance of an ALSA aide for personal care, incontinent care, dressing, bathing, and transfers.
   The physician's orders directed to administer Oxycodone-Acetaminophen 5/325 milligrams every eight hours as needed for pain.
   Review of the narcotic count sheets for May 2022, June 2022 and July 2022 with the Executive Director on 8/04/22 at 2 PM failed to identify the daily counting of narcotics by two persons at the beginning and end of each shift, failed to identify more than one nurse was assigned daily on the July 2022 schedule and failed to ensure adequate staffing to ensure an evening shift of nursing to ensure daily counting.
   Agency policy for controlled substance management directed all controlled substances must be counted by two persons at the beginning and end of each shift.

   b. Client #5 was admitted to the ALSA program on 10/30/19 with diagnoses that included insulin dependent diabetes, mellitus chronic kidney disease and glaucoma. The Client's service program dated 6/01/22, identified Client #5 required daily insulin injections by a nurse, medication cueing by an ALSA aide, assistance of an ALSA aide for personal care, incontinent care, dressing, bathing, and transfers.
   The physician's orders directed to administer Lantus Solostar insulin 100 units/milliliter, 6 units subcutaneously daily at 8 AM.
   Review of the nursing schedule for July 2022 and the July Medication Administration Record/MAR with RN #1 on 8/03/22 at 2 PM identified that RN #1 was on vacation on 7/26/22 and LPN #1 was off on 7/26/22 (which left the facility without a licensed nurse on-site all day) and failed to identify that Client #5 received the morning insulin as prescribed, failed to identify physician notification of the insulin omission and failed to ensure adequate staffing to meet the client's needs.
   Review of the July 2022 MAR and interview with RN #1 on 8/03/22 at 2:15 PM identified the administration of Lantus Solostar insulin 100 units/milliliter, 6 units subcutaneously daily at 8 AM but failed to identify the location of the insulin injection site.
   Agency policy for medication administration record directed all medication be properly transcribed on the MAR: right dose, right time, right route, right frequency and right medication.

   c. Client #6 was admitted to the ALSA program on 4/03/22 with diagnoses that included depression and anxiety. The Client's service program dated 6/01/22, identified Client #6 required daily medication administration by a nurse.
   Review of the July 2022 MAR and interview with RN #1 on 8/03/22 at 2:15 PM identified

that the client is a "nurse give", the nurses administer and sign for the 8 AM and 1 PM medications which are pre-poured by the pharmacy in a blister pack but identified that the 8 PM medications are "Medication Reminders" by the ALSA aides and failed to ensure the administration of medications by nursing personnel and failed to ensure adequate staffing to meet the client's needs.
Interview with the Executive Director on 8/04/22 at 3 PM identified that RN #1 was on vacation on 7/26/22 and LPN #1 was off on 7/26/22 (which left the facility without a licensed nurse on-site all day) and indicated that ALSA aide #2 cued the morning and afternoon medications on 7/26/22.

d. Client #7 was admitted to the ALSA program on 3/17/22 with diagnoses that included dementia, heart block and chronic kidney disease. The Client's service program dated 6/01/22, identified Client #7 required daily medication administration by a nurse.
Review of the July 2022 MAR and interview with RN #1 on 8/03/22 at 2:15 PM identified that the client is a "nurse give", nurses administer and sign for the 8 AM medications which are pre-poured by the pharmacy in a blister pack but identified that the 5 PM and 8 PM medications are "Medication Reminders" by the ALSA aides and failed to ensure the administration of medications by nursing personnel and failed to ensure adequate staffing to meet the client's needs.
Interview with the Executive Director on 8/04/22 at 3 PM identified that RN #1 was on vacation on 7/26/22 and LPN #1 was off on 7/26/22 (which left the facility without a licensed nurse on-site all day) and indicated that ALSA aide #2 cued the morning and afternoon medications on 7/26/22.

e. Client #8 was admitted to the ALSA program on 1/20/22 with diagnoses that included memory impairment and spinal stenosis. The Client's service program dated 6/01/22, identified Client #8 required once daily medication administration by a nurse.
Interview with the Executive Director on 8/04/22 at 3 PM identified that RN #1 was on vacation on 7/26/22 and LPN #1 was off on 7/26/22 (which left the facility without a licensed nurse on-site all day) and indicated that ALSA aide #2 cued the morning medications on 7/26/22.

a. Client #9 was admitted to the ALSA program on 6/25/22 with diagnoses that included cerebrovascular accident and legal blindness. The Client's service program dated 7/01/22, identified Client #9 required daily medication administration by a nurse.
Review of the July 2022 MAR and interview with RN #1 on 8/03/22 at 2:15 PM identified that the client is a "nurse give", the nurses administer and sign for the 8 AM medications which are pre-poured by the pharmacy in a blister pack but identified that the 8 PM medications are "Medication Reminders" by the ALSA aides and failed to ensure the administration of medications by nursing personnel and failed to ensure adequate staffing to meet the client's needs.
Interview with the Executive Director on 8/04/22 at 3 PM identified that RN #1 was on vacation on 7/26/22 and LPN #1 was off on 7/26/22 (which left the facility without a licensed nurse on-site all day) and indicated that ALSA aide #2 cued the morning and afternoon medications on 7/26/22.
Interview with LPN #1 on 8/04/22 at 10:30 AM indicated that the evening "nurse give"

medications are put in the client's hands by the ALSA aides as indicated on the aide activity sheet as a "Medication Reminder". LPN #1 further indicated that there is never an evening nurse to give the medication.

Interview with ALSA aide #2 (ALSA care manager) on 8/04/22 at 11:20 AM indicated that on 7/26/22, there was no nurse on duty 7-3, the Executive Director asked him/her to give the medications to Client's #6, 7, 8, and 9 although denied administering insulin to Client #5.

Interview with the Executive Director on 8/04/22 at 2:15 PM indicated that on 7/26/22, the on-call RN was aware that there wasn't a nurse scheduled, therefore, ALSA aide #2 gave the clients their medications during the day as s/he was understanding that "nurse give" meant insulin or narcotics and not routine medications.

Plan of Correction for Violation #3:

poc accepted 9/15/22 ds

Complaint # 32638 - Spring Village at Danbury POC **09/01/2022**

Violation 1: Section D19-13-D105 weekly & monthly reporting:

1. During this eight-month period of time we had RN coverage with two different RNs on staff. Intent was to promote either to SALSA, unfortunately both declined positions. However, during this same period there was RN oversight 24 hours a day by on-call RN.

2. We have currently put in place agency fulltime RN & LPN coverage to assist our full-time graduate nurse (pending RN) to ensure correct daily nursing needs. An offer has also been extended to a full time RN for our SALSA position- pending acceptance.

3. Processes have been put in place for weekly & monthly SALSA / Executive Director reports to be completed.

4. The Executive Director will ensure these are completed on time. All areas above will be audited on a monthly basis by the on-call RN. Reports will be given during QA meeting each quarter.

5. The above to be completed by 09/15/2022

Violation 2- Supervisions of ALSA aides / 120- day assessments:

1. In-servicing of all staff by RN on call by 09/15/2022 on policies regarding SALSA aides, medication administration and community medication prompting.

2. Re-assessments of all nursing assessments and resident plan of cares to ensure proper 120-day policy

3. The above to be completed by 09/15/2022

Violation 3-Nursing Personnel and ALSA

1. We have currently put in place agency fulltime RN & LPN coverage to assist our full-time graduate nurse (pending RN) to ensure correct daily nursing needs. An offer has also been extended to a full time RN for our SALSA position- pending acceptance.

2. We are also in process of enrolling 3 staff members into the CT -Train course for Medication Technicians (to be completed by 12/1/22.

3. Re- education to RN/LPN staff members regarding proper daily narcotic counts- completed by on-call RN

4. Re- education to RN/LPN regarding MAR documentation and the additional information added regarding injection site for insulin- completed by on call RN

5. #3 & #4 to be completed by 09/15/2022

QA audits to be completed monthly by RN on-call to ensure compliancy.

All Above items to be monitored by Executive Director

**Monthly audits to be completed until we are at a 90% compliancy threshold.