STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality And Safety Branch

August 5, 2022

Allyson Sweeney, Executive Director
Via Email: asweeney@benchmarkquality.com
Bal Rocky Hill
1160 Elm Street
Rocky Hill, CT 06067

Dear Ms. Sweeney:

An unannounced visit was made to Bal Rocky Hill on July 18, 2022 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a Complaint Inveestigation to determine Verification of Alzheimer's Special Care Units or Programs and Full Time Infection Prevention and Control Specialist and other requirements of P.A. 21-185.

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 August 15, 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.

DATE(S) OF VISIT: July 18, 2022

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

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 **August 15, 2022** or if a request for a meeting is not made by the stipulated date, the violation 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 #32534

DATE(S) OF VISIT: July 18, 2022

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

The following are violations of the regulations of Connecticut State Agencies Section 19-13-D105 (e) General requirements for an assisted living services agency (1) and (m) Client's Bill of Rights and Responsibilities (5).

1. Based on clinical record review and staff interview, for two of two clients (Clients # 1 and # 2) who depended on the Assisted Living Agency (ALSA) aides for assistance with activities of daily living, the Assisted Living Services Agency (ALSA) failed to ensure the clients were free from abuse. The finding includes:

   a. Client #1 had a move in date of 4/30/22 and diagnoses that included acute kidney failure, heart disease and sepsis and resided in the Memory Care Unit of the ALSA. Client #1's service plan dated 5/24/22 identified the client was at risk for falls, required assistance with bathing and assistance with ambulation and transfers to a wheelchair.
   The ALSA documentation dated 6/24/22 at 11 AM identified that the Supervisor of Assisted Living Services Agency (SALSA) was notified at approximately 2:30 PM by the Memory Care Director that s/he was notified by ALSA aide #2, that ALSA aide #1 had inappropriate behavior towards Client #1 earlier in the shift. Upon investigation by the SALSA, ALSA aide #2 reported that he/she witnessed yelling and cursing towards this client. The physician, family, local police department and Elderly Protective Services/EPS were notified.
   Interview and review of the ALSA documentation dated 6/24/22 at 11 AM with the Memory Care Director on 7/18/22 at 11:34 AM indicated that ALSA aide #1 was observed by ALSA aide #2 and Housekeeper #1 raising his/her voice/yelling at Client #1 during a verbal exchange along with using profanity and grabbed the handles of the wheelchair and aggressively pushed the wheelchair (with the client sitting in it) into the client's room and then walked out of the facility. The mind and memory director indicated searching for ALSA aide #1 to investigate the allegation without success. Attempts to call ALSA aide #1 were unsuccessful.
   Interview and review of the facility documentation with the SALSA on 7/18/22 failed to indicate that the ALSA protected the client from abuse.
   Several attempts to interview ALSA aide #1 on 7/18/22 were unsuccessful.

   b. Client #2 had a move in date of 1/22/22 and diagnoses that included anxiety, depression, heart failure and vascular dementia with behavioral disturbance and resided in the Memory Care Unit of the ALSA. Client #2's service plan dated 6/04/22 identified the client required assistance with bathing and assistance with ambulation.
   The ALSA documentation dated 6/24/22 at 11 AM identified that the Supervisor of Assisted Living Services Agency/SALSA was notified at approximately 2:30 PM from the Memory Care Director that s/he was notified by ALSA aide #2 that ALSA aide #1 had inappropriate behavior towards Client #2 earlier in the shift. Upon investigation by the SALSA, ALSA aide #2 reported witnessed yelling and cursing towards this client. The physician, family, local police department and Elderly Protective Services/EPS were notified.
   Interview and review of the ALSA documentation dated 6/24/22 at 11 AM with the Memory

DATE(S) OF VISIT: July 18, 2022

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

Care Director on 7/18/22 at 11:40 AM indicated that ALSA aide #1 was observed by ALSA aide #2 and Client #2 yelling at each other and ALSA aide #1 yelled a profanity at Client #2, then walked away.
Interview and review of the facility documentation with the SALSA on 7/18/22 failed to indicate that the ALSA protected the client from abuse.
Several attempts to interview ALSA aide #1 on 7/18/22 were unsuccessful.
On 6/24/22, Human Resources notified ALSA aide #1 that s/he was suspended pending the investigation and on 6/27/22, ALSA aide #1 submitted a written statement denying using profanity and aggressive behavior towards Client's #1 and #2.
On 6/29/22, ALSA aide #1 was terminated for violating work-place code of conduct policy and abandoning his/her shift.

Plan of Correction for Violation #1:

poc accepted
9-15-22
ds

State of Connecticut Department of Public Health Plan of Correction
Bal Rocky Hill d/b/a Atrium at Rocky Hill
Date of Visit: July 18, 2022
BENCHMARK SENIOR LIVING

We request an office conference so that we have an opportunity to discuss this alleged violation. Please let us know when we may schedule a conference.

This Plan of Correction is filed as evidence of the Assisted Living Services Agency/ Community's continuing commitment to quality care and as required by applicable law. The filing of this Plan of Correction does not constitute and may not be construed as any admission regarding the alleged violations.

Alleged Violation1 i:	The following are violations of the regulations of Connecticut State Agencies Section 10-13-D105 € General Requirements for an assisted living services agency (1) and (m) Client's Bill of Rights and Responsibilities (5).; 1. ALSA failed to ensure the clients were free from abuse and neglect.
Measures to Prevent the Recurrence:	Re-education of SALSA and associates on Policy F-100-62 Investigating and Reporting Actual or Alleged Abuse of Any Resident by an Associate or Other Person which contains the definition of abuse to ensure protection of client against abuse. Client #1 and client #2 are free from abuse.
Date Measures will be Effective	Immediately Completed 8/24/2022
The ALSA's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained	Monthly Audits of complaint log weekly for four weeks, monthly for two months, and then random for two quarters to ensure proper concerns have been addressed. Audits will be brought to Quality Assurance for review.

poc accepted 9/15/22 ds

State of Connecticut Department of Public Health Plan of Correction
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Person Responsible for Monitoring	SALSA
Submitted by	Executive Director