STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

October 14, 2022

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

Dear Ms. Wallin,

An unannounced visit was made to Spring Village At Danbury on September 21, 2022 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a re-visit with additional information received through September 21, 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 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 October 24, 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 **October 24, 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 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.

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,

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

EH:csf

c. VL

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105

POC accepted 10/31/22 KS

Assisted living services agency (ALSA) (d) Governing authority of an assisted living services agency (1)(4)(A)(I) and (g) Supervisor of assisted living services (2)(G).

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 the Supervisor of the Assisted Living Services Agency/SALSA failed to ensure weekly reports were provided to the service coordinator in accordance with the regulations. The finding includes:

   a. Review of the agency plan of correction dated 9/01/22, facility documentation, and interview with the Executive Director on 9/21/2022 at 12:00 PM, failed to identify weekly reports were completed in accordance with state regulations, regarding any problems or concerns associated with provisions of the core services, regarding the MRC, ALSA, and the Governing Authority as scheduled, and failed to identify that the Service Coordinator ensured these weekly reports were completed, in order to communicate staff and resident concerns, issues, and needs could be reviewed and discussed with the Governing Authority.

Plan of Correction for Violation #1:

Weekly logs started on sept 9/10 by acting salsa
Monthly log started on 9/30
Inservice done with staff re daily reports to salsa to ensure accuracy
Auditing monthly of all reports re accuracy and timeliness
Done by QA committee
Updated report done quarterly with QA meeting
Expected resolution 10/24
ED will do ongoing oversite of compliancy

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 (g) Supervisor of assisted living services (2)(A)(B) and (h) Nursing services provided by an assisted living services agency (1)(2)(4)(C) and (j) Assisted living services agency staffing requirements (1)(3)(5).

2. Based on clinical record reviews, agency policies, and interview with agency personnel for two of six clients (Client #7 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 #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 8/21/22 to 9/17/22 MAR and interview with ED on 9/21/22 at 1:15 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

POC accepted 10/3/22 LS

ensure the administration of medications by nursing personnel and failed to ensure adequate staffing to meet the client's needs according to the plan of correction dated 9/01/22.

b. 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 8/21/22 to 9/17/22 MAR and interview with ED on 9/21/22 at 1:15 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 according to the plan of correction dated 9/01/22.
Interview and review of the nursing schedule for September 2022 with the Executive Director on 9/21/22 at 2:15 PM, identified an Agency LPN was scheduled until 6 PM daily, but failed to identify coverage for the client's 8 PM medication administration and failed to identify evening nursing coverage until 8 PM according to the plan of correction dated 9/01/22 although, indicated that beginning October 2022, an LPN had been hired for the 10 AM - 7 PM shift 7 days a week.

Plan of Correction for Violation #2:

As of 10/10/22 due to Nursing Dept. staffing changes- we now have RN Supervisor as of 10/19/22 for 40 hours a week, RN graduate (awaiting boards) 40 hours a week and a new LPN hired 10/20/22 for 32 hours a week. Nursing hours will now 8 am- 6pm. Doctor has reviewed all medications in question for 8pm and either changed times given or discontinued. Last nurse give is now 5pm.

Narcotic count sheets and mar review weekly for correct documentation
QA committee will do random of 10% of all charts monthly
Policy re: med administration, nurse give and P&P done by 10/24 with all licensed staff
Expected resolution 10/24
ED will do ongoing oversite of compliancy