STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

October 5, 2022

Mary Napomiceno, SALSA
Motif by Monarch
655 Main Street
Southbury, CT 06488
mnapomiceno@sb.monarchcommunities.com

Dear Ms. Napomiceno:

An unannounced visit was made to Motif by Monarch on September 19, 2022 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation with additional information received on September 20, 2022.

Attached are the violations 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 October 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.

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 15, 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 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.

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

Respectfully,

Elizabeth T. Heiney BS RN BC

Elizabeth T. Heiney, B.S., R.N., B.C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

EH:lst

CT 32952

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (d)(4)(A) Governing Authority and/or (g) Supervisor of assisted living services (2)(A)(B) and/or (m)(5) Client's Bill of Rights.

1. Based on clinical record review, agency documentation, staff interviews for one of three Clients (Client #1) who required a mechanical lift (Hoyer lift) assistance with transfers, the Assisted Living Agency (ALSA) failed ensure the Client's safety and right to be free from physical harm. The finding includes:

    a. Client #1 was admitted to the ALSA on 03/30/2016 and resided on the memory care unit. The Client was admitted to hospice services on 01/03/2019 with diagnosis that included Alzheimer's disease, dementia, mood disturbance and rheumatoid arthritis. The Client's service plan dated 04/01/2022, identified Client #1 required nursing assessments, medication administration by a nurse and was fully dependent on ALSA aides for assistance with incontinence care, bathing, grooming, dressing, turning, and repositioning while in bed. Additionally, the Client required assistance of one aide with wheelchair mobility and assist of two aides with transfers via a mechanical lift (Hoyer Lift).

    Interview and review of the agency's investigation with the Supervisor of Assisted Living Services Agency (SALSA) on 09/19/2022 at 10:30 AM, identified on 09/12/2022 at 4:18 PM ALSA aide #1 and #2 removed bed linen off Client #1 and indicated the Client's baseline contracted left arm was flaccid, swollen and he/she presented with pain. The ALSA aides notified LPN #1, who contacted the Client's hospice provider and the SALSA. Hospice Registered Nurse (RN) #1 arrived at the facility on 09/12/2022 at 8:30 PM and assessed Client #1. Hospice RN #2 arrived on 09/13/2022, assessed the Client and a mobile x-ray was completed identifying a left shoulder dislocation with a greater tuberosity fracture. Client #1 remained at the agency with hospice nurse assessments and pain management. The SALSA identified the agency investigation determined the injury to Client #1 was unwitnessed and of unknown origin.

    Interview and review of Client #1's clinical documentation and hospice nurse communication notes from 09/01/2022 through 09/12/2022 with the SALSA on 09/19/2022 at 11:00 AM, identified the Client received ALSA aide services for activities of daily living (ADLs), incontinent care, repositioning, two ALSA aide assist with all transfers utilizing a Hoyer lift and nursing assessments preceding the identified injury on 09/12/2022 with no documentation of injuries, falls, bruising or pain.

    Interview with ALSA aide #3 on 09/20/2022 at 10:55 AM, identified he/she conducted a two-person Hoyer lift transfer of Client #1 after lunch on 09/12/2022 with ALSA aide #4 without incident. Additionally, ALSA aide #3 indicated she did not observe injuries or bruising to the arm of Client #1.

    The Governing Authority failed to ensure quality of services and care rendered to a Client and guarantee the right of the Client to be free from physical harm.

    Plan of Correction to Violation #1:

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (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 service agency (4)(A) and/or (k) Client service record (2)(J).

2. Based on clinical record reviews, agency documentation, agency interviews for one of two Clients (Client #1 and #4) who required the administration of medications and narcotics, the Assisted Living Service Agency (ALSA) nurses failed to document medications and narcotics in accordance with ALSA policies and procedures and the agency failed to provide oversight of the administration of medications and narcotics. The findings included:

    b. Client #1 was admitted to the ALSA on 03/30/2016 and resided on the memory care unit. The Client was admitted to hospice services on 01/03/2019 with diagnosis that included Alzheimer's disease, dementia, mood disturbance and rheumatoid arthritis. The Client's service plan dated 04/01/2022, identified Client #1 required nursing assessments, medication administration by a nurse and was fully dependent on ALSA aides for assistance with incontinence care, bathing, grooming, dressing, turning, and repositioning while in bed. Additionally, the Client required assistance of one aide with wheelchair mobility and assist of two aides with transfers via a mechanical lift (Hoyer Lift).

    Interview and review of Client #1's clinical documentation with the Supervisor of Assisted Living Services Agency (SALSA) on 09/19/2022 at 12:30 PM, identified Client #1 was prescribed Morphine Sulfate 0.25 milliliters (ml) by mouth every two hours as needed for pain or shortness of breath. LPN #2 administered Morphine Sulfate 0.25 ml to Client #1 on 09/16/2022 but failed to document the reason for the administration and effectiveness. Additionally, Client #1 was prescribed Ativan (anti-anxiety medication) 0.5 milligrams (mg) by mouth every four hours as needed for agitation. Client #1's narcotic and controlled drug record identified the Client received Ativan 0.5mg tablet on 09/17/2022 at 8:00 PM, but Licensed Practical Nurse (LPN) #3 failed to document the reason for the administration and effectiveness. Furthermore, Client #1's medication administration record (MAR) for September 2022 identified that the agency nurses failed to sign off for Acetaminophen 975 mg by mouth twice daily for the 2:00 PM dose on 09/02/2022, and skin barrier ointment application to affected areas on 09/08/2022 and 09/18/2022.

    b. Client #4 was admitted to the ALSA on 11/30/2016 and resided on the memory care unit. The Client was admitted to hospice services on 11/05/2022 with diagnosis that included Alzheimer's disease, dementia, depression, and high blood pressure. The

Client's service plan dated 07/20/2022, identified Client #1 required nursing assessments, medication administration by a nurse and was dependent on ALSA aides for assistance with incontinence care, bathing, grooming, dressing, and transfers.

Interview and review of Client #4's clinical documentation with the SALSA on 09/19/2022 at 1:00 PM, identified Client #4 was prescribed Morphine Sulfate 0.25 ml by mouth every three hours as needed for pain or shortness of breath and Ativan 0.5 mg by mouth every six hours as needed for anxiety. Client #4's narcotic count sign off sheets for the months of June, July and August of 2022 failed to have a second nurse signature when performing the daily narcotic count for the dates of 6/15/22, 6/23/2022, 06/28/2022, 07/08/2022, 07/24/2022, 08/27/2022, 08/28/2022, 08/29/2022, 08/30/2022 and 08/31/2022.

Review of the agency's policy for Controlled Substances identified the community would ensure the proper handling, storage, disposal, and record keeping of controlled substances according to state regulatory standards. Prior to the end of each shift, the authorized associate leaving at the end of the shift would count the controlled substances with the authorized associates reporting for the next shift and document the count along with their signatures on the Controlled Substance Count forms.

Review of the agency's policy for Medication Administration identified, the health service director would ensure that the preparation and administration of medication, prescriptions, non-prescriptions, and treatments by associates are ordered by a licensed prescribing practitioner which would be maintained in the Client's wellness file and administered and prepared by licensed associates per state regulations. The associate administering medications would document on the Client's medication administration record (MAR) immediately following administration of the medications to the Client and observation of the Client taking the medication prior to the administration of another Client's medication. The MAR would be accurate and include the reason or justification for administering medications or treatment as needed and documenting the resulting effect on the Client.

Plan of Correction to Violation #2:

Accepted POC
MS 11/2/22

Cc: Jennifer Forlastro <jforlastro@sb.monarchcommunities.com>
Subject: Motif by Monarch - Community Action Plan

Hello Elizabeth,

I apologize that you had not received our Community Action Plan from Mary Napomiceno (our last SALSA) before her departure on 10/21/22. My discussion with her was that it was emailed to you on the 13th of October. Below is what was discussed and has been carried through. Please let me know if there is anything else we need to do. I have attached Jennifer Forlastro our new SALSA as of 10/26/22.

Violation #1:

a. On 09/16/2022 SALSA began in-service training sessions with all CNA's in the proper use of a Hoyer Lift two-person method of transfer. To be completed by 10/31/22. Continued in-service training completed upon hire and annually.
b. Ongoing and annual training with Relias including but not limited to: Communication and People with Dementia, Monitoring Changes of Condition, Preventing, Recognizing, and Reporting Abuse monitored by our department head team.

Violation #2:

a. On 09/22/22 mew Narcotic Count Form was implemented by the SALSA which includes two signature lines per shift. Going forward a weekly review by the SALSA or Designee will occur to ensure it has been signed correctly.
b. On 09/32/22 Medication signage page reviewed by SALSA and updated with all nursing signatures, completed 09/25/22.
c. On 9/25/22 SALSA reviewed with all nurse's proper medication administration and documentation for MAR; including PRN medications with reason for the need and follow up on the effectiveness. Going forward the SALSA or Designee will review the MAR on a weekly basis to ensure proper documentation.

Warm Regards,