STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality And Safety Branch

June 2, 2022

Kimberly Phulgence, Executive Director
Via Email: knphulgence@watermarkcommunities.com
The Watermark At East Hill Wood
611 East Hill Road
Southbury, CT 06488

Dear Ms. Phulgence,

An unannounced visit was made to The Watermark At East Hill Wood on May 10, 2022 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a Licensing Inspection Renewal and Verification of Alzheimer's special care units or programs.

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 June 13, 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

DATE(S) OF VISIT: May 10, 2022

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

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 June 13, 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 elizabeth.heiney@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,

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

EH:csf

c. VL

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing authority of an assisted living (3)(A)(B) and (4)(B)(C).

1. Based on review of facility documentation, agency policies and staff interview, the Assisted

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

Living Services Agency (ALSA), failed to ensure the Governing Authority met at a minimum of twice annually, failed to establish a Quality Assurance program, failed to select, and appoint a Quality Assurance Committee, and failed to ensure the Quality Assurance Committee met at least every 120 days. The finding includes.

a. Interview with the program director on 5/10/22 at 1:00pm, identified a Quality Assurance (QA) Committee meeting was held on 3/10/2022, and per the program director, was the first QA meeting held "for a few years". Review of the last QA meeting minutes was noted to be on 12/23/2019. The program director further identified that the agency did not have a QA committee appointed until recently, (exact date undetermined) as all QA participants had previously left the positions, and the vacant positions had not been reassigned. Multiple requests for Governing Authority meeting documentation were made during the survey. No documentation was provided by the agency by the conclusion of the survey.

Plan of Correction for Violation #1:

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (g) Supervisor of assisted living services (G) and (H).

2. Based on review of facility documentation and staff interviews the Supervisor of Assisted Living (SALSA) failed to complete weekly and monthly reports.

   a. An interview with the program director on 5/10/22 at 1:00pm identified weekly and monthly reports had not been completed by the SALSA for "a few years" and no quality assurance documentation was provided to the surveyor.

Plan of Correction for Violation #2:

POC accepted
1/2/23 - mes

THE WATERMARK
AT EAST HILL

June 13, 2022

Elizabeth Heiney, RN
Supervising Nurse Consultant
Facility Licensing and Investigations Section
410 Capital Avenue, P.O. Box 340308
Hartford, Ct 06143

Dear Ms. Heiney,

Please find attached a copy of The Watermark at East Hill's plan of correction for the violations of the Regulations of Connecticut State Agencies and/or General Statues of Connecticut which were noted during the course of the visit on May 10, 2022.

According to the letter dated June 2, 2022, the community has the right to dispute the violations and is requesting the opportunity to be heard.

The community wishes to dispute the following violations:

#1: The community has documentation of its established Quality Assurance Program, has a Quality Assurance Committee and meets every 120 days. The community conducts Quarterly Assurance (QA) Committee meetings quarterly. Meeting were held on 4/19/22, 12/30/21, 8/3/21, 3/6/21 etc.

The Quality Assurance Committee Meeting meetings were updated in August of 2021 with new appointed members.

#2: The community has documentation that shows it had already identified the deficient practice in April 2022 and already had a plan in place. There was no missing documentation from the point of self-identification.

Please feel free to contact me should you have any questions at 203 262-6868 ext 1113.

Sincerely,

Kimberly Phulgence
Executive Director

POC accepted
1/2/23-mes

THE WATERMARK
AT EAST HILL

Facility: The Watermark At East Hill

DATE(S) OF VISIT: May 10, 2022

The following are violations of the Regulations of Connecticut Agencies Section 19-13-D105 (d) Governing authority of an assisted living (3)(A)(B) and (4)(C)

POC for Violation #1:

- The Facility agency will ensure to established Quality Assurance program per CT-DPH regulations
- Program Director already had established a quarterly schedule and appoint a Quality Assurance Committee to meet at least 120 days, next review will be on July 19, 2022. A report will then be submitted to Governing Authority, which met at least twice annually to ensure compliance.
- This will be effective immediately
- A report will be submitted to QI committee and will be reviewed monthly to ensure compliance.
- ED will be responsible of monitoring POC to ensure compliance.
- Compliance June 25, 2022

POC for Violation # 2:

- The facility agency will ensure that SALSA's weekly and monthly reports is completed
- Program Director has already initiated the weekly and monthly report and will continue to do so for compliance.
- This will be effective immediately
- A report will be submitted to QI committee and will be reviewed monthly to ensure compliance
- Executive Director will be responsible in monitoring to ensure compliance.
- Compliance Date: June 25, 2022