STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

January 5, 2023

Karen Russell, Executive Director
Whitney Center
200 Leeder Hill Drive
Hamden, CT 06517
Via e-mail: russellk@whitneycenter.com

Dear Ms. Russell:

An unannounced visit was made to Whitney Center on December 14, 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 through December 15, 2022.

Attached is a 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 January 15, 2023.

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.

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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 violation and you may be provided with the opportunity to be heard. If the violation is not responded to by January 15, 2023 or if a request for a meeting is not made by the stipulated date, the violation 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.

Respectfully,

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

ETH:lst

c. VL
Complaint #33435

Accepted 1/23/2023 Jamie Boggio RN NE

Review of the agency policy "Weight Management Policy and Procedure" identifies in item #3, if a resident presents with a significant unplanned weight gain (5% or more within the last 30 days) the following will be done:

a) The resident will be reweighed to validate the variance
b) The attending MD will be notified of the weight gain
c) The family will be notified of the weight gain
d) The care plan will be updated with the appropriate interventions
e) The resident will be weighed intermittently until his/her weight stabilizes.

The policy additionally identifies that all weights are documented in the electronic medical record.

The agency policy "Weight Management Policy and Procedure" identifies in item #3 if a resident presents with a significant unplanned weight loss (5% or more within the last 30 days or 10% in the last 180 days) the following will be done:

a) The resident will be reweighed to validate the variance
The attending MD will be notified of the weight loss
The family will be notified of the weight loss
b) The care plan will be updated with the appropriate interventions

c) The resident will be weighed weekly or biweekly until his/her weight stabilizes.

d) The resident will be placed on intake and output.

Subsequently, Client #1 was transferred to the emergency room on 11/17/2022 and returned on 11/30/2022 with discharge diagnosis of severe malnutrition.

Plan of Correction to Violation #1:

1. All residents who have a wound are at risk. A tracking form will be utilized for any resident with a wound that will assess the completion of a proper review. These items will include location of the wound, prescribed wound care treatment, nursing interventions and goals of treatment. This process will be followed for all residents with a wound from admission, every 120 days, change in condition and upon return from a hospital. This information will be tracked in a wound care flow sheet. This information will then be updated into the service plan.

   All residents will be weighed upon admission, monthly and with any change in condition. Weights will be tracked for fluctuations (gain or loss) and will have the follow up required per our policy. Nursing to investigate any fluctuation for appropriate interventions. Service plan will be updated accordingly.

2. Completion date for Plan of correction will be January 31, 2023

3. Audit/tracking tools will be developed for proper tracking and review. Education will be provided to team members so they will be knowledgeable of our policy for wound care and weights. Audit tool will also include service plan update tracking. The Quality Assurance committee will review audits and tracking tools at each scheduled meeting.

4. The SALSA is responsible for ensuring compliance with its plan of correction.