STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

January 11, 2023

Maryellen Wallin, Executive Director
Spring Village At Danbury
8 Glen Hill Road
Danbury, CT 06811
Via E-mail: executive.director@springvillagedanbury.com

Dear Ms. Wallin :

Unannounced visits were made to Spring Village At Danbury on December 21, 2022 and January 5, 2023 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation.

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 visits. 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 21, 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.

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 21, 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.

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

ETH:lst

c. VL
Complaint CT#33495

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/or (g) Supervisor of assisted living services (2)(B) and/or (h) Nursing services provided by an assisted living services agency (1).

1. Based on clinical record reviews, agency policies, and interview with agency personnel for four of six clients (Client's #1, 2, 3 and 4) the Supervisor of Assisted Living Services Agency (SALSA) failed to supervise assigned nursing personnel in the delivery of nursing services. The finding includes:
   a. Client #1 was admitted to the ALSA program on 11/27/18 with diagnoses that included hypertension, type II diabetes mellitus and congestive heart failure.

      The physician's orders directed to administer Lorazepam liquid 2 mg/ml (milligrams/milliliter) at bedtime as needed for agitation.

      Review of the controlled substance count sheets for December 2022 with the Executive Director on 12/21/22 at 2 PM, failed to identify the daily counting of controlled substances by two persons at the beginning and end of each shift on 12/18/22, 12/19/22 and 12/20/22.

   b. Client #2 was admitted to the ALSA program on 6/24/20 with diagnoses that included hypertension, sleep disturbance, anxiety and congestive heart failure.

      The physician's orders directed to administer Lorazepam 0.5 mg/milligrams daily as needed for anxiety.

      Review of the controlled substance count sheets for December 2022 with the Executive Director on 12/21/22 at 2:05 PM, failed to identify the daily counting of controlled substances by two persons at the beginning and end of each shift on 12/18/22, 12/19/22 and 12/20/22.

   c. Client #3 was admitted to the ALSA program on 5/09/22 with diagnoses that included hypertension, dementia and breast cancer.

      The physician's orders directed to administer Lorazepam 0.5 mg/milligrams every six hours as needed for anxiety.

      Review of the controlled substance count sheets for December 2022 with the Executive Director on 12/21/22 at 2:10 PM, failed to identify the daily counting of controlled substances by two persons at the beginning and end of each shift on 12/03/22 through 12/11/22 (9 days).

   d. Client #4 was admitted to the ALSA program on 1/17/22 with diagnoses that included hypertension, Alzheimer's disease, dementia and cerebrovascular accident.

The physician's orders directed to administer Lorazepam 0.5 mg/milligrams every eight hours as needed for anxiety.

Review of the controlled substance count sheets for December 2022 with the Executive Director on 12/21/22 at 2:15 PM, failed to identify the daily counting of controlled substances by two persons at the beginning and end of each shift on 12/03/22 through 12/11/22 (9 days).

Agency policy for controlled substance management directed all controlled substances must be counted by two persons at the beginning and end of each shift.

Plan of Correction to Violation #1:

poc accepted 1/31/23 MS

Spring Village at Danbury

Plan of Correction to Violation #1

1. After the first visit on 12/21/22 we implemented a new Med Management/ Mar tracking system which was completed by 12/28/22
   Two new binders are now in place, by resident, with photo and a new med count sheet with clearly marked area for 2 nurse signatures to complete daily counts at beginning and end of every day. All Narcotics are now kept in a separate med bag locked in resident's apartments with only keys kept in nursing office under lock and key.

2. We have now hired an additional RN for Saturdays and (2) additional PT/Per diem LPNs to ensure we have the same staff to administer medications and meet the CT. staffing requirements. This has also eliminated the use of agency RN's and LPN's. If no second nurse in building on call RN is back up for counts and oversite re meds

3. Weekly audits of signed documentation to be done jointly by Executive Director and RN Supervisor weekly starting 01/18/23. Monthly audit to be done by Salsa starting January 2023. QA to review every quarter and report findings.

4. Threshold for audits it 100%. We will be developing a monthly audit tool to ensure compliance.