STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality And Safety Branch

April 4, 2023

Kathleen Lane, Executive Director
Brightview On New Canaan
162 New Canaan Avenue
Norwalk, CT 06850
Via Email: klane@bvsl.net

Dear Ms. Lane:

Unannounced visits were made to Brightview On New Canaan on March 21, 2023, by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a Complaint Investigation Survey, plus Verification of Alzheimer's Special Care Units, Full Time Infection Prevention and Control Specialist, and other requirements of P.A. 21-185.

Attached is the 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 April 14, 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

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

(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 April 14, 2023, or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

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

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,

/s/

Elizabeth Heiney,
Supervising Nurse Consultant
Facility Licensing and Investigations Section

EH:csf

c. VL
Complaint #34171

DATE(S) OF VISIT: March 21, 2023

POC accepted - MED 4/20/23

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

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (e) General requirements for an assisted living services agency and/or (g) Supervisor of Assisted Living Services (2)(A)(B) and (h) Nursing Services provided by an assisted living services agency (3) and (k) Client service record (1)(2)(H) and (m) Client's bill of rights and responsibilities.

1. Based on review of clinical records, agency documentation, staff interviews and agency policies for one of three Clients (Client #1, #2 and #3) in the survey sample, the Assisted Living Services Agency (ALSA) failed to review the Client service plan as often as the Client condition required but not less than once every 120 days, failed to ensure oversight of nursing care rendered to a Client, failed to follow a physician's order, failed to follow agency's policies and procedures and failed to ensure a Client's right. The findings included:

   a. Client #1 was admitted to the ALSA program on 08/21/2019 with diagnosis that included high cholesterol, type II diabetes, chronic cardiac and kidney disease. Review of Client #1's service plan dated 07/04/2022, identified the Client required nursing assessments, medication administration, assistance from ALSA aides with bathing, dressing, and housekeeping. Client #1's one hundred twenty-day assessment dated 11/21/2022, identified the Client's code status was "do not resuscitate" (a DNR order is written by a physician to instruct health care providers not to perform cardiopulmonary resuscitation (CPR) if the Client's breathing or pulse stops). Additionally, physician orders dated 03/05/2023, identified Client #1's code status was DNR.

      Interview and review of Client #1's clinical record with the Supervisor of Assisted Living Services (SALSA) on 03/20/2023 at 09:30 AM, identified on 03/09/2023 at 7:41 PM the SALSA received a text message from Licensed Practical Nurse (LPN) #1 indicating Client #1 was found unresponsive on the floor of his/her apartment, 911 had been activated and family had been notified. LPN #1 indicated she was unable to locate the Client's DNR/Advanced Directive form in the emergency binder or clinical record, therefore, emergency medical personnel performed CPR on Client #1. The Client's family member/responsible person arrived at the facility apartment, and requested that CPR be stopped, per a written doctor order he presented, and the Client was pronounced deceased at 8:00 PM on 03/09/2023. The state medical examiner was notified of the Client's death.

      Interview with ALSA aide #1 on 03/20/2023 at 11:15 AM, identified on 03/09/2023 Client #1 returned to his/her apartment after dinner and ALSA aide #1 assisted the Client with getting ready for bed around 6:45 PM. LPN #1 approached ALSA aide #1 after 7:00 PM and identified Client #1 was found unresponsive. ALSA aide #1 entered the apartment, remained with the Client while LPN #1 called 911 and went to the front desk to locate the Client's DNR/Advanced Directive form. ALSA aide #1 identified she was unaware of the Client's code status and CPR was not initiated until emergency medical professionals arrived.

DATE(S) OF VISIT: March 21, 2023

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

Interview and review of Client #1's clinical record with LPN #1 on 03/20/2023 at 1:31 PM, identified on 03/09/2023 during the evening medication pass, she answered Client #1's call for service alert after 7:00 PM. LPN #1 found the Client unresponsive but breathing in the prone position on his/her apartment floor. LPN #1 requested assistance from ALSA aide #1, called 911 and the Client's family member. LPN #1 identified ALSA aide #1 remained with the Client while she went to the main lobby to locate the Client's DNR/Advanced Directive form for emergency medical personnel. LPN #1 indicated she was unable to locate the Client's DNR/Advanced Directive form. Emergency medical personnel arrived, found the Client pulseless, with no DNR bracelet on client's wrist and initiated CPR. The Client's family member/responsible person arrived and requested emergency medical personnel stop CPR and the Client was pronounced deceased at 8:00 PM.

Interview with the SALSA on 03/21/2023 at 12:45 PM, identified the agency failed to update and review the Client's service plan dated 07/04/2022 at least every 120 days. Additionally, the SALSA identified LPN #1 failed to follow the agency's Client Emergency Response/Change in Condition policy and procedure, by not remaining with the Client. The SALSA identified the agency failed to follow the Advanced Care Planning policy and procedure by not ensuring the Client's DNR/Advanced Directive form was present in the Client's clinical record, which resulted in the initiation of CPR and failed to complete an incident report and/or investigate in accordance with the agency's Client Incident, Accident or Unanticipated Occurrences policy and procedure. Subsequently, the agency was unable to assert why the DNR/Advanced Directive form was missing.

Review of the agency's Service/Support Plan policy and procedure identified a service plan would be completed upon move-in to the facility and would be reviewed and/or revised every one hundred and twenty days, or if there were any significant changes.

Review of the agency's Advanced Care Planning policy and procedure, identified the policy was developed for the community to educate and inform the Client of their right to formulate an advance directive and the Client choices would be incorporated into treatment, care and services. All Client advance directive documentation copies would be obtained and placed in the Client's wellness record, business file and emergency binder.

Review of the agency's Client Emergency Response/Change of Condition policy and procedure identified the following situations would warrant immediate notification of 911 such as an unconscious Client. The first person to respond to the emergency would call the front desk or designate an associate to report the location and nature of the emergency. The concierge or designated associate would contact 911 and gather necessary paperwork. In the event of cardiac or respiratory arrest, the nurse and/or CPR certified associate would initiate CPR unless a DNR/Advanced Directive order was in place.

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

The ambulance attendants would be given a copy of any advance directives. An incident report would be completed by the attending associate.

Review of the agency's Client Incident, Accident or Unanticipated Occurrences policy and procedure, identified all Client incidents, accidents, or unanticipated occurrences would be documented. The following incidents were considered serious in nature thus required a completion of an incident report such as death (unexpected/questionable) which required notification of the medical examiner. All incident reports would be logged, analyzed to ascertain root causes to assess for possible trends or patterns.

Plan of Correction for Violation #1:

BRIGHTVIEW
SENIOR LIVING
ON NEW CANAAN

162 New Canaan Ave. | Norwalk, CT 06850
203-857-1836 | www.BrightviewOnNewCanaan.com

POC accepted
-mes 4/26/23

April 14, 2023

Elizabeth Heiney

Supervising Nurse Consultant

Facility Licensing and Investigations Section

Regarding complaint #34171

Dear Ms. Heiney,

Below is the Plan of Correction (POC) for survey visit conducted on March 21, 2023. Brightview on New Canaan intends to implement the following processes.

1 and 2. The measures that Brightview intends to implement or systemic changes Brightview intends to make to prevent a recurrence of each identified issue of noncompliance and the date each such corrective measure or change is effective.

a. Incident report for Client #1 for 3/9/2023 occurrence completed 4/14/2023.

b. Audit all residents' files in Assisted Living and Wellspring Village for code status and obtain any missing paperwork (Orders, MOLST). The Order/MOLST is placed in the Resident Wellness file, copies placed in the Resident Business file and Emergency Binder. Completion Date: 4/28/2023

c. All residents' face sheets will be updated for any changes identified in the code status audits, reprinted and placed in the Resident's Wellness File and the Emergency Binder. Completion date: 4/28/2023

d. On an ongoing basis, Emergency face sheets are updated for any changes by the ALSA/RN Designee. Emergency Face sheets are then reprinted and replaced in the Resident's Wellness File and the Emergency Binder. Facesheets are also reprinted and replaced on a monthly basis.

e. Resident's assessment and Service Plan updates will be conducted every 120 days or less than 120 days for any change in condition. The code status, a review of any new or changed documents including Advance Directives will be part of the assessment and service plan process per policy. Completion Date: Ongoing

f. A review of the Service/Support Plan Policy, Advanced Care Planning Policy and Resident Incident, Accident or Unanticipated Occurrences will be completed with all Health and Wellness and other applicable associates. Completion Date: 5/12/2023

g. Brightview's policy for Resident Emergency Response/Change of Condition will be reviewed with all associates at the next monthly All Associate meeting. Completion Date: 4/25/2023

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POC accepted - mes
4/20/23

3. The institution's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measures or systemic changes are sustained.

The incident will be analyzed for root causes within the QAPI/Safety Committee (Quality Assurance Program). The audits, policy review completion and all incident reports are reviewed for any possible trends/patterns at this monthly standing meeting

4. The title of the institution's staff member that is responsible for ensuring the institution's compliance with its Plan of Correction.

Kathleen Lane, Executive Director.

Kathleen Lane
Executive Director