2016

2016

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH SYSTEMS REGULATION

DHSR #13a

Page 1 of ____

LICENSING INSPECTION REPORT

Name and Address of Entity

Spring Meadows Trumbull / Capital Senior Living
6949 Main Street
Trumbull, CT 06611
203-261-0006

Signature of DHSR Staff

Michael T. Smith RN, Nurse Consultant
Noreen Barrieau RN nurse consultant
Judith Steiner LCSW Nurse consultant

Licensure Category:
Assisted Living Services — Licensed Capacity: 120 apts — Census: 40 ALR clients

Licensed Capacity: _____ — Census: _____

Date(s) of Onsite Inspection: 7/9/15 + 10-20-15

Date(s) Additional Information Obtained: _____

Personnel Contacted: Bonnie Dunitz Sales; Joanne Elder, Ex. Director

REVIEW/FINDINGS/PROCESS (complete all applicable)

[X] Licensing Inspection: [ ] *Initial* [X] *Renewal* [ ] *Other:* _____

[ ] Revisit for the Purpose of _____

[✓] See Complaint Investigation # 19020

[ ] See Reportable Event Investigation # _____

[ ] See Certification file.

[X] Violations of the Public Health Code of the State of Connecticut and/or Regulations of Connecticut State Agencies were identified at the time of this inspection.
See violation letter dated _____

[ ] Citation # _____ was issued to this facility as a result of this inspection.

[ ] Violations of the Public Health Code of the State of Connecticut and/or Regulations of Connecticut State Agencies were not identified at the time of this inspection.

[ ] Citation # _____ was verified as corrected. _____ was notified that the licensee was no longer required to post Citation (see narrative).

[ ] Citation # _____ was not corrected (see narrative).

[x] Narrative Report / Additional Information Attached.

[ ] Referral(s) to: _____

REPORT SUBMITTED BY Michael J Smith RN — **DATE OF REPORT** 7/9/15

[ ] Approval for Issuance of License granted by: Loan O Nguyen — 3-23-16
Supervisor / Title — Date

ENTITY: Spring Meadows Trumbull / Capitol Senior Living

DATE(S) OF VISIT: 7/9/15

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 40

Number of home visits: _____ Number of records reviewed: 6

SALSA: Bonnie Dunitz, RN

SALSA Designee: M.M. Rosenberg RN

Home health care contracts/contracts:

Name: VNA Stratford

Address: Main Street

Stratford CT

Phone: _____

Name: VNS of Conn.

Address: Bpt Conn.

Phone: _____

Managed Residential Community visited: Spring Meadows (MRC) Trumbull

Service Coordinator: Joanne Elser, Ex Director

Policy review was done relative to record reviews and/or violations cited as appropriate.

Rev.7/01

SIGNATURE: Michael J Lucett RN

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Healthcare Quality And Safety Branch

March 24, 2016

Bonnie Dunitz, Supervisor of Assisted Living Services
Spring Meadows Trumbull
6949 Main Street
Trumbull, CT 06611

Dear Ms. Dunitz:

Unannounced visits were made to Spring Meadows Trumbull on July 9, 2015 and October 20, 2015 by representatives of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a licensing inspection and a complaint investigation.

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 visits.

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 April 7, 2016 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

Please address each violation with a prospective plan of correction which includes the following components within fourteen days of the date of this letter:

1. Measures to prevent the recurrence of the identified violation, (e.g., policy/procedure, inservice program, repairs, etc.).

2. Date corrective measure will be effected.

3. Identify the staff member, by title, who has been designated the responsibility for monitoring the individual plan of correction submitted for each violation.

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

Loan Nguyen

Loan Nguyen M.S.N., R.N., C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

Complaint # 19020

LN:mb

Connecticut Department of Public Health

Phone: (860) 509-7400 • Fax: (860) 509-7543
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

DATES OF VISIT: July 9, 2015 and October 20, 2015

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

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13- D105 (h) Nursing Services provided by an assisted living services agency (4) (C) (i) and/or (ii).

1. Based on clinical record review and staff interview, for 2 of 6 clients (Clients # 2 and 5) who received medication reminders by the assisted living aides, the Assisted Living Services Agency (ALSA) failed to ensure accurate documentation of medication reminders. The findings include:
   a. Client #2 was admitted to the ALSA on 3/17/15 with diagnoses that included gastro-esophageal reflux disease, atrial fibrillation status-post pacemaker placement, hypertension, seizure disorder and dementia. The client service programs dated 6/23/15 and 3/17/15 identified the need for medication pre-pours and medication reminders, and assistance with bathing, dressing, and grooming.
   Interview and review of the clinical documentation with the Supervisor of Assisted Living Services Agency (SALSA) on 7/9/15 at 10:30am indicated that the ALSA Aides signed off on the actual medication administration record (provided by the pharmacy) for administering the medications to the client, and failed to identify accurate documentation of reminders provided to clients who self-administered their medications.
   The SALSA indicated that the aides should have documented the medication reminders on the aide activity sheets.
   b. Client #5 was admitted to the ALSA on 7/28/14 with diagnoses that included hypothyroidism, hyperlipidemia, congestive heart failure and macular degeneration. The client service plans dated 3/11/15 and 6/23/15 identified the need for medication pre-pours, medication reminders and assistance with bathing.
   Interview and review of the clinical documentation with the Supervisor of Assisted Living Services Agency (SALSA) on 7/9/15 at 10:30am indicated that the ALSA Aides signed off on the actual medication administration record (provided by the pharmacy) for administering the medications to the client, and failed to identify accurate documentation of reminders provided to clients who self-administered their medications.
   The SALSA indicated that the aides should have documented the medication reminders on the aide activity sheets.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (h) Nursing Services provided by an assisted living services agency (1) and/or (4) (C) and/or (F).

2. Based on review of clinical record, surveyor observation and staff interview, for one of six clients (Client #3) who required medication management, the assisted living staff failed to ensure the maintenance of medication in accordance with agency policies and/or failed to ensure the appropriate medication reminder was provided. The findings include:
   a. Client #3 was admitted to the assisted living facility on 3/28/11 with diagnoses that included hypothyroidism, cataracts, glaucoma and osteoarthritis.
   The client required medication pre-pours from the ALSA nurse, medication reminders from the ALSA aides and total assistance for care from a private aide.
      i. During a joint visit with the nurse from the private aide company, to Client # 3 at the

ALSA on 10/20/15, the surveyor observed prefilled medication boxes on the counter between the kitchen and the living room.
The morning medication box contained Alprazolam (Xanax) 0.25 milligrams (mg) and Quetiapine (Seroquel) 25 mg pre-poured for 10/9/15, 10/10/15, 10/12/15, 10/21/15, 10/22/15, 10/23/15, and 10/24/15.
The 12 noon medication box contained Alprazolam 0.25 mg pre-poured for 10/9/15, 10/10/15, 10/12/15, 10/13/15, 10/21/15, 10/22/15, 10/23/15, and 10/24/15.
The 8 p.m. medication box contained Alprazolam 0.25 mg, Lamotrigine 25 mg, and Quetiapine 25 mg pre-poured for 10/08/15, 10/9/15, 10/10/15, 10/12/15, 10/20/15, 10/21/15, 10/22/15, 10/23/15, and 10/24/15.
The medication box labeled Acetaminophen 325 mg contained 30 doses of Acetaminophen 325 mg.
The agency policy indicated that ALSA clients who required medication management would have their medications secured in a locked cabinet in their apartment unless otherwise specified by the licensed ALSA staff.
Interview with RN #1 and RN #2 from the ALSA on 10/20/15 at 12:20 p.m. indicated that the medications should have been stored in a locked cabinet in the client's apartment;

ii. On 10/20/15 at 11:30 a.m. the surveyor observed ALSA Aide #1 enter the apartment, remove a cup of apple sauce from the refrigerator, ask the live-in aide for a spoon, and retrieve a spoonful of apple sauce from the cup. Aide #1 subsequently removed the medication from the 12 noon medication box and put the pill on the spoon with the applesauce.
Client # 3 was in bed, lethargic, with the head of the bed elevated to about a 60-degree angle.
The aide verbally awakened the client, put the applesauce and pill in the client's mouth and asked the client to swallow, upon which the aide left the room.
Client # 3 did not awaken to swallow, therefore the applesauce and pill were visible the patient's mouth between the front teeth.
Interview with the RN #1, RN #2 from the ALSA and ALSA Aide #1 on 10/20/15 at 12:00 p.m. indicated that the ALSA aide actually administered the medication with apple sauce to Client # 3 who was unable to self-administer, and failed to identify proper reminder of medication self-administration.
The agency policy on "resident assistant responsibilities" directed the aides to remind the clients of the time for their medications, hand the clients the medication box, assist the client to open the appropriate slot for medications, and assist the client to remove the medications if needed.
The aides were prohibited from placing the pill in the client's hand or directly administering medications.
The aides were to verify that the clients swallowed their pills, and do a visual oral cavity check as needed.

Capital SENIOR LIVING

DISCOVER *the difference*

April 5, 2016

State of Connecticut
Dept. of Public Health
410 Capital Ave
PO Box 340308
Hartford CT 06134-0308

Attention: Loan Nguyen, M.S.N., R.N., C.
Supervising Nurse Consultant

complaint # 19020

This plan of correction is submitted as required under State and/or Federal law. The submission of this Plan of Correction does not constitute an admission on the part of Spring Meadows Trumbull as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

1. Section 19-13- D105 (h) Nursing Services provided by an assisted living services agency (4) © (I) and/or (ii)

   - Measure to prevent reoccurrence:
     - The aides will no longer sign on medication administration records.
     - Documentation of medication assist/reminders will be documented on aide task sheets.

   - Date corrective measure will be effective
     - April 11th, 2016

   - Staff member designated responsibility for monitoring the individual plan
     - SALSA
     - Designee

Capital SENIOR LIVING

DISCOVER *the difference*

2. Section 19-13-D105 (h) Nursing Services provided by an assisted living services agency (1) and/or (4) (C) and/or (F)

POC Present 4/11/16

- Measure to prevent reoccurrence
  - PRN narcotics are in locked boxes in resident's apartment – nurse on duty has narcotic keys and administers PRN narcotics.
  - All residents on Medication Assistance have medications in a locked box in resident's apartment.
  - Mandatory education in-service provided by CT Pharmacy for safe practice of medication assistance/cueing/reminders.
  - Aides will follow agency policy on "resident assistant responsibilities".
  - 5 rights for safe assistance with medications.
  - No crushing of medications except by licensed nursing staff.
  - No administering of medications except by licensed nursing staff. .
  -
- Date corrective measure will be effective
  - Narcotics in locked boxes effective November 2015
  - Aide assistance with medications April 11th 2016
- Staff member designated responsibility for monitoring the individual plan
  - SALSA
  - Designee

Respectfully,

M. Pietrunti LPN

Michelle Pietrunti

SALSA

Joanne Elser

Joanne Elser

Executive Director

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH SYSTEMS REGULATION

DHSR #13a

LICENSING INSPECTION REPORT

Name and Address of Entity

Spring Meadows Trumbull / Capital Senior Living
6949 Main Street
Trumbull, CT 06611
203-261-0006

Signature of DHSR Staff

Michael T. Smith RN for, Nurse Consultant
Noben Barrios RN nurse consultant

Licensure Category: Assisted Living Services

Licensed Capacity: 120 apts Census: 40 per chart

Licensed Capacity: _____ Census: _____

Date(s) of Onsite Inspection: 7/9/15

Date(s) Additional Information Obtained: _____

Personnel Contacted: Bonnie Dunitz Sales; Joanne Elfer, Ex. Director

REVIEW/FINDINGS/PROCESS (complete all applicable)

[X] Licensing Inspection: [ ] *Initial* [X] *Renewal* [ ] *Other:* _____

[ ] Revisit for the Purpose of _____

[ ] See Complaint Investigation # _____

[ ] See Reportable Event Investigation # _____

[ ] See Certification file.

[X] Violations of the Public Health Code of the State of Connecticut and/or Regulations of Connecticut State Agencies were identified at the time of this inspection.
See violation letter dated _____

[ ] Citation # _____ was issued to this facility as a result of this inspection.

[ ] Violations of the Public Health Code of the State of Connecticut and/or Regulations of Connecticut State Agencies were not identified at the time of this inspection.

[ ] Citation # _____ was verified as corrected. _____ was notified that the licensee was no longer required to post Citation (see narrative).

[ ] Citation # _____ was not corrected (see narrative).

[x] Narrative Report / Additional Information Attached.

[ ] Referral(s) to: _____

REPORT SUBMITTED BY Michael Jewett RN DATE OF REPORT 7/9/15

[ ] Approval for Issuance of License granted by: Loan D Nguyen 7-9-15
Supervisor / Title Date

ENTITY: Spring Meadows Trumbull / Capitol Senior Living

DATE(S) OF VISIT: 7/9/15

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 40
Number of home visits: _____ Number of records reviewed: 6
SALSA: Bonnie Dunitz, RN
SALSA Designee: M.M. Rosenberg RN
Home health care contracts/contracts:
Name: VNA Stratford
Address: Main Street
Stratford CT
Phone: _____

Name: VNS of Conn.
Address: Bpt Conn.
Phone: _____

Managed Residential Community visited: Spring Meadows (MRC) Trumbull
Service Coordinator: Joanne Elser, Ex Director

Policy review was done relative to record reviews and/or violations cited as appropriate.

Rev.7/04

SIGNATURE: Michael J Lucci RN