2017

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING AND INVESTIGATIONS SECTION

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Sprng Meadows
6949 Main St
Trumbull CT 06611
M: Same
Ph 203-261-0006 Fax - 203-452-05549

Signature of FLIS Staff

Melissa J SanSouci RN Nurse Consultant

Licensure Category:

Assisted Living

Licensed Bed Bassinet Capacity: 152

Census:
ALSA 59
Memory Care 12
(71) Total

Date(s) of onsite inspection: 10/12/17, 10/13/17

Date(s) additional information obtained: 10/17/17

Personnel contacted: Johanne Elser, ED; Annette Downes RN SDLSA
Gina Weller, LPN, Memory Care Director; Dolores Starrett RN Designee

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[X] Licensing Inspection [ ] *Initial* [X] *Renewal* [ ] *Other (e.g.strikes)*: _____

[ ] Visit **OR** Revisit for the purpose of _____

[ ] See Complaint Investigation # _____

[X] Violations of the General Statutes of Connecticut and/or regulations of Connecticut State Agencies were identified at the time of this inspection. See attached violation letter dated 7-23-18

[ ] Desk Audit _____ [ ] Amended Letter: _____ Original Ltr. _____

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

[ ] Violations of the General Statutes of Connecticut and/or the regulations of Connecticut State Agencies **were not** identified at the time of this inspection.

[ ] Citation # _____ was/was not verified as corrected. See attached narrative report.

[ ] Narrative report/additional information attached.

[ ] See Certification File.

[ ] Referral(s) to _____

REPORT SUBMITTED BY: Melissa J SanSouci RN **DATE OF REPORT:** 10/17/17

[X] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 10-23-17
Supervisor/Title

s:flis\hsr\FACESHEETS
Revised 12/2016

Scanned 10/17/17

ENTITY: Spring Meadows

DATE(S) OF VISIT: 10/12/17, 10/13/17

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 71

Number of home visits: 3 Number of records reviewed: 4

SALSA: Annette Downes RN

SALSA Designee:

Home health care contracts/contracts:

Name: Amedysis + Patient Care

Address:

Phone:

Name: Vitas Hospice

Address:

Phone:

Managed Residential Community visited: Spring Meadows

Service Coordinator: Joanne Elser

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

Rev.7/01-

SIGNATURE: Melissa g San Souci RN

DEPARTMENT OF PUBLIC HEALTH
HOSPITAL AND MEDICAL CARE DIVISION

INSPECTION MATERIALS CHECKLIST
ASSISTED LIVING SERVICES AGENCY

Assisted Living Services Agency Spring Meadows Trumbull

Address 6949 Main St

City Trumbull State CT Zip Code 06611

The Inspection Materials Checklist is to be used to identify any new or revised agency materials since the last licensure inspection. Please complete as appropriate for your agency and have any materials so identified available for review.

Agency Materials	New	Revised
BY-LAWS OR RULES OF ORDER		
POLICIES/PROCEDURES		
Client Care Policies/Procedures		
o Admission N/C		2000
o Assisted Living Aide Program N/C		2000
o Discharge N/C		2000
o Emergency N/C		2000
o Administration of Medications N/C		2000
o Complaint Procedure N/C		2000
Nursing Service N/C		2000
PERSONNEL POLICIES-for the assisted living services agency		
Orientation		1/2014
In-service education online now		1/2017
Required health examinations N/C		2000
Annual performance evaluation policy N/C		2006
Job description-supervisor of assisted living services N/C		1/2014
Job description-assisted living aide N/C		1/2014
QUALITY ASSURANCE PROGRAM/PLAN N/C		2000
BILL OF RIGHTS N/C		2000
PUBLIC INFORMATION MATERIALS		2012

PLEASE IDENTIFY ANY OTHER NEW MATERIALS DEVELOPED

price sheet every January

Supervisor of Assisted Living Services Signature: Joanne Elvin

Executive Director

Date: 10/12/12

0200N/3

Hospital and [illegible]ical Care Division

j

Delores - RW Desire
475-243-6332
now per diem - agency working

Sandy - Bus office
1:00 offer letters "don't do"
Bus Aide

ASSISTED LIVING SERVICES AGENCY
PROFESSIONAL PERSONNEL RECORD REVIEW

Managed Residential Community (MRC) _____ Town _____

Agency Name (ALSA) Spring Meadows Town Trumbull Date ~~21~~ 10/13/17 JDV

Name	Position	Employed	(f)(2)(A) Ed. Prep. and Work Exp.	(f)(2)(C) License Expr. Date	(f)(1)(E) PreEmploy and Annual	TBC	(f)(2)(F) Orien	(f)(2)(D) Evaluation 12 Mos.	Background	Comp	Comments	Inservice
Annette Powers	~~offer~~ ALSA ltr	JD ✓ 10/5/17 Assoc	satisfy/ maintenance + maplewood - 5 yrs	R 50072 X 4/18	✓	✓	✓	n/a	signed consent 10/19/17 not [illegible]			
Rina Rosado	ALSA aide JDV	4/14/16	CNA	na 9995928 X 3/18	✓	✓ CK/e	✓	✓	✓	✓	2016 18.11 2017 13.75 ~~6.75~~ Dem 16 ~~Plan~~ Done 10/17	
Ramonita Santos	ALSA Aide JDV	9/10/17	CNA	NA 9129 1448 X 1/19	✓	✓	✓	n/a	~~DOT~~ OK [illegible]		15 Demerits ~~Plan~~	
Patricia Somers	ALSA Aide JDV	3/22/17	CNA	na 9996376 X 6/18	✓	✓ Cyc	✓	n/a	✓ [illegible]		34° 2017 Done ✓ Demerits 14.5 ~~Plan~~	
Dolores Starrett JDV	RW Desire	11/14/16	BSN ~~RN~~	94108 ~~X 8/31/17~~ per diem ✓ 8 wks	✓	✓	✓	not due yet ✓				

0197W/2