STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

November 30, 2022

Perry Phillips, Executive Director
Lucille Bowen,SALSA
Saybrook At Haddam
1556 Saybrook Road, Route 154
Haddam, CT 06438

Dear Mr. Phillips,

Unannounced visits were made to Saybrook At Haddam on October 18, 2022, by representatives of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a Re-Licensure with additional information received through October 18, 2022.

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 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 December 10, 2022.

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 December 10, 2022, 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, RN
Supervising Nurse Consultant
Facility Licensing and Investigations Section

EH:csf

c. VL

Reviewed + accepted 1/27/23 JBoggio RNC

The following are violations of the Regulations of Connecticut State Agencies Section 19- 13-D105 (d) Governing authority of an assisted living services agency (4)(C) and/or (e) General requirements for an assisted living services agency (1) and/or (f) Personnel Policies for an assisted living services agency (C) and (E) (2)(A)(B)(C)(D)(E)(3) and/or (l) Quality assurance program for an assisted living services agency (1).

1. Based on a review of agency documentation and interview with agency personnel, the Governing Authority failed to select and appoint and have representation of a social worker on the quality assurance committee and the agency failed to ensure staff completed annual physical examinations and tuberculin screening/testing and failed to complete annual staff evaluations. The finding includes:

    a. Review of personnel records for three of four (Staff #1, 2 & 3) identified the facility failed to follow agency policies and procedures to ensure assisted living staff completed annual physical examinations and tuberculin testing/screening and failed to complete annual performance evaluations for employees. The finding includes:

        i. Review of the Quality Assurance meeting minutes with the Supervisor of assisted living services agency (SALSA) on 10/17/22 at 11:00 AM, failed to identify documentation of the appointment of a social worker on the quality assurance committee meetings dated 3/3/2022 and 5/26/2022.
        ii. Review of agency personnel records with the SALSA on 10/18/22 at 1:20pm failed to identify for 3 out of 4 agency aides (Aide # 1, 2, 3) documented annual physical exams and tuberculosis screening.
        iii. Aide #1 was hired on 6//15/2020. The last physical or tuberculin (TB) screening documentation was dated June 2020. No additional documentation was found for a physical or tuberculosis testing for 2021 or 2022.
        iv. Aide # 2 was hired on 10/12/2018. The last physical and TB screening documentation was October 2018. No additional documentation was found for a physical or tuberculosis testing for 2020 or 2021.
        v. Aide #3 was hired on 7/20/2020. The last physical and TB screening documentation was February 2020. No additional documentation was found for a physical or tuberculosis testing for 2021 or 2022.
        vi. Review of agency policy identified that all direct care employees, directed that annual physicals and tuberculin testing will be completed on hire and annually.
        vii. Interview with the SALSA on 10/18/22 at 1:40 pm identified, Aide #1 had a date of hire on 6/15/2020, with the last documented annual review completed June of 2021. No additional documentation for an annual review was found for 2022.
        viii. Review of contracted agency staff record with the SALSA on 10/18/22 at 1:40pm failed to identify the maintenance and availability of individual personnel records for contracted direct care staff, with the only agency documentation within the personnel file being the staff orientation checklist.

Plan of Correction for Violation #1:

December 9, 2022

Plan of Correction for violation items related to October 18th 2022, Re-Licensure Survey.

i. The SALSA is actively attempting to recruit a Social Worker familiar with the requirement of ALSA Quality Assurance (QA) guidelines. To date, one has not yet been recruited as homecare agencies working in the community have no available SW hours to offer. While one Hospice provider will consider the position, they are unfamiliar with the role. The community is seeking DPH guidance as to whether a non-homecare affiliated Social Worker may assume this role. Responsible party: SALSA with guidance from DPH. Effective date: Pending.

ii. The community has completed the process of reviewing the personnel records of care staff and moving forward, our plan is to provide a reminder notice to care staff of need for annual review and Physical due date. *** See attached copy of letter. Please note that our employees have been facing delays with scheduling of their annual physicals with our provider and to counter this challenge, they are offered the option of having their Primary Care provider complete the required Physical. If the associate is unable to obtain a timely Physical, a TB screen will be completed for their Personnel file until such time as an annual Physical can be done. Responsible party: SALSA and ED. Effective date: December 5th , 2022.

iii. Aide #1 has since submitted her physical which includes her TB status, and it is in her Personnel file. Responsible party: SALSA and ED. Effective date: 10/25/2022.

iv. Aide #2 has since submitted her physical which includes her TB status, and it is in her Personnel file. Responsible party: SALSA and ED. Effective date: 11/29/2022.

v. Aide #3 has not worked in the community since the survey as she has not been able to confirm a scheduled date for her Physical. She will remain off the schedule until such time as she is able to produce a physical. Responsible party: SALSA. Effective date N/A.

vi. Aide #1 did receive an annual review, prepared on 06/24/2022 and presented and signed off on 06/27/2022. This document is in her Personnel file. Responsible party: SALSA.

vii. Re contracted agency staff availability of personnel records: the surveyors were informed that the contracted agency holds all records for their employees. We required that the agency hold liability and provide staff who meet our requirements for working. At recommendation from the DPH, we have since asked our agency providers to maintain an employee file with annual physical inclusive of Tuberculosis status for continued employment with the ALF. These records will be held by the agency for their contracted employees and should be available to the ALF if needed. As a reminder to the Healthcare Quality and Safety Department of the DPH, contracted agency staff are temporary workers and may change with each shift for which coverage is requested. Since use of agency staff, we have required all contract staff to be fully Covid vaccinated to work in the community. We have since required that they be minimally screened for Tuberculosis. Responsible party: SALSA.

Lucille Bowen, RN SALSA

THE SAYBROOK AT HADDAM SENIOR LIVING

To: _____

From: _____

Re: Annual Physical

Please note that your annual review is scheduled to be completed soon.

To ensure that we are meeting regulatory standards, you are required to complete an Annual Physical for your employee file to remain on the care schedule.

You may take this form to your Primary Physician for completion **OR** may schedule an appointment at one of the two Middlesex Occupational and Environmental Health locations.

Contact information for Middlesex Health:

1) Occupational & Environmental Services, Essex

252 Westbrook Road (Route 153)

Essex, CT 06426

860-358-3840

2) Occupational and Environmental Services, Middletown

534 Saybrook Road

Middletown, CT 06457

860-358-2750