STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

January 25, 2023

Lauren Stowell, Executive Director
Maplewood Stony Hill Bethel
46 Stony Hill Road
Bethel, CT 06801
Via E-mail: stonyed@maplewoodsl.com

Dear Ms. Stowell :

An unannounced visit was made to Maplewood Stony Hill Bethel on January 9, 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 are the violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which were 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 February 4, 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.

Keeping Connecticut Healthy
DPH
Connecticut Department of Public Health

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Hartford, Connecticut 06134-0308
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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 violations and you may be provided with the opportunity to be heard. If the violations are not responded to by February 4, 2023 or if a request for a meeting is not made by the stipulated date, the violations 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 #33681

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (k)(2)(H)(ii) Client Service Program and (g) Supervisor of assisted living services agency.

1. Based on clinical record review, agency documentation, interview with facility personnel, and review of facility policy for 1 of 1 client (Client #1) in the survey sample, the agency, agency aide staff and Supervisor of Assisted Living Services Agency (SALSA) failed to identify 2 hour safety checks were completed by staff as stated within the agency policy and individual client service plan. The finding includes.
    a. Client #1 had a move in date to the facility memory care unit on 8/9/2022. The admitting diagnoses included dementia, deep vein thrombosis, chronic obstructive pulmonary disease, and hypothyroidism. The client service program dated 9/16/22 identified Client #1 received assistance with bathing, dressing, hygiene, grooming, continence care, medication administrations, and staff safety checks to maintain client safety, every 2 hours per agency policy.

       Review of agency documentation with the Executive Director, Supervisor of Assisted Living (SALSA) and the Regional Corporate Manager on 1/9/23 at 10am, identified that on 1/7/23 at 7:32am, ALSA Aide #1 entered the apartment, completed a safety check on Client #1, and documented Client #1 was sleeping. At 8:40am LPN #1 entered Client #1's apartment for medication administration and observed Client #1 sitting in his/her reclining chair, with labored breathing and decreased respiration rate, was unresponsive with eyes closed, yellow emesis/mucous was noted coming from his/her nostrils and also noted on front of client's shirt. EMS was initiated at 8:57am and client was transferred to Hospital #1.

       Review of the Client Service Program with the Executive Director and SALSA on 1/9/23 at 11am identified that Client #1 was to receive safety checks every 2 hours. Review of the Agency Video Surveillance System with the Executive Director, SALSA and Maintenance Director on 1/9/23 at 1115am, identified that the agency failed to perform and document completion of safety checks every 2 hours as per client's service plan, but did identify safety checks by ALSA Aide #2 at 1:38am, and 2:09am, with no other staff member from 2:09 am on 12/15/22 until 7:30am 12/15 22., and further identified that the SALSA failed to provide supervision of agency aide staff in the completion of client safety checks as prescribed within the agency policy and client service plan.

       Review of the agency policy on Resident Safety Checks # MSL-2013CT-12BG with the Executive Director and SALSA on 1/9/23 at 11am identified; As a component to resident safety, the resident safety check shall be performed every (1) hour around the clock for Currents residents and two (2) hours for Tides Residents. The safety check shall be observations noted by the nurse's aid or nurse and shall be documented accordingly in the resident log.

The agency, agency aide staff and SALSA failed to maintain the goals of management and plans for interventions, implementation and supervision of the plan of care to provide safety checks as identified in the client service program.

Plan of Correction to Violation #1:

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (k)(2)(K) Coordination of care with family and others involved in the Client Service Plan.

2. Based on clinical record review, agency documentation and staff interview for 1 of 3 clients (Client #1) in the survey sample, the agency failed to respond in a timely manner to the POA/family request for information on 12/26/22 regarding the events leading to the transfer of Client #1 to the hospital for evaluation. The finding includes.
    a. Review of agency documentation, staff interview on 1/9/23 at 1230pm with the Regional Corporate Manager identified that Client #1' s POA/family requested reports and documents of the client's previous care and services prior to being found unresponsive on 12/15/22 and transferred to Hospital #1. Interview with the Regional Corporate Manager on 1/9/23 at 12 pm, indicated that the family document/record request was not granted until approval by the corporate office, resulting in the delay from 12/26/22 until 1/9/23. The assisted living agency failed to identify and respond in a timely manner to the request for documentation of coordination of services with the POA/family.

Plan of Correction to Violation #2:

MAPLEWOOD
Senior Living

February 3, 2023

Accepted 3/23
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Email to Elizabeth.Heiney@ct.gov

Ms. Elizabeth T. Heiney
Supervising Nurse Consultant
Facility Licensing and Investigations Section
State of Connecticut
Department of Public Health
410 Capital Avenue
Hartford, Connecticut 06134-0308

Re: Maplewood at Stony Hill ALSA, LLC/Maplewood at Stony Hill, LLC

Dear Ms. Heiney:

This plan of correction is in response to a violation letter received from you dated January 25, 2023, regarding Maplewood at Stony Hill, ALSA, LLC (the "ALSA"), the licensed provider of assisted living services at Maplewood at Stony Hill, an assisted living community (the "Community") operated by Maplewood at Stony Hill, LLC (the "Operator"), located at 46 Stony Hill Road, Bethel, Connecticut. Additionally, we are requesting an office conference to dispute the violation set forth in #2.

Please note that the filing of this plan of correction does not constitute any admission as to any of the alleged violations set forth in the violation letter. It is being filed as required by applicable law and as evidence of the Community's continued commitment to quality care. Notwithstanding the foregoing, the following plan of correction is submitted to address the alleged violations identified during the unannounced visit to the Community by a representative of the Facility Licensing and Investigations Section of the Department of Public Heath on January 9, 2023.

1. Violation of the Regulations of Connecticut State Agencies Section 19-13-D105(k)(2)(H)(ii) Client Service Program and (g) Supervisor of Assisted Living Services Agency.

    a. Measures to Prevent Re-Occurrence:

        1. The Maplewood Senior Living Resident Safety Checks Policy, MSL 2013CT-12BG (the "Safety Checks Policy") requires the staff nurse working on the 11:00 p.m. - 7:00 a.m. shift (the "Overnight Shift") to perform rounds throughout the Community. Under the Safety Checks Policy, the Overnight Shift nurse must oversee the ALSA aides working the Overnight Shift to confirm that the aides have performed all scheduled safety checks and to ascertain whether there are any concerns with any residents which need to be addressed.

The Regional Director of Resident Services will re-educate (i.e. in-service) the Supervisor of the Assisted Living Services Agency (the "SALSA"), the RN Designee ("RND"), and the Executive Director ("ED") at the Community on the Maplewood Senior Living Resident Safety Checks Policy, MSL 2013CT-12BG (the "Safety Checks Policy") and expectations.

2. The SALSA, RND, and or ED will educate all ASLA aides and nursing staff at the Community on the Safety Checks Policy, and will have the aides and nursing staff confirm in writing that the Safety Checks Policy was reviewed and understood by them. Such written confirmation shall be placed in each applicable employee's file.

b. Date of Correction Action Plan (CAP):

All corrective actions as described above will be completed by February 27, 2023, except for ongoing monitoring.

c. Plan to Monitor/Audit:

1. The SALSA and/or RND will review daily or during the next day at work residents' care logs to confirm that all scheduled safety checks are documented as having been performed in accordance with the residents' services plans. The SALSA and/ or RND shall review, and address in real-time with the responsible staff member, any missing or incomplete documentation in the care logs.

2. The SALSA, RND and/or ED will review the video cameras available at the Community for no less than one overnight shift per week for the next three (3) months to confirm that the overnight staff are following the Safety Checks Policy.

3. At least once per month for the next three (3) months, the Regional Director of Resident Services or the Regional Director of Operations will audit 10% of resident charts to confirm that care logs are being appropriately completed, and that the SALSA, RND and/ or ED have documented that they have reviewed the video in accordance with this Plan of Correction ("POC").

4. The monitoring of daily care logs for safety checks will be added to the quarterly assurance ("QA") review, and the process and results will be reviewed at the first QA Committee meeting following said three (3) month period.

2. Violation of the Regulations of Connecticut State Agencies Section 19-13-D105(k)(2)(K)Coordination of Care with Family and Others Involved in the Client Service Plan.

a. Measures to Prevent Re-Occurrence:

1. The Maplewood Senior Living Requests for Resident's Medical and/or Financial Records Policy, MSL-2013CT-02N (the "Response to Records Request Policy"), states that any request for resident records will be reviewed by the Legal Department for compliance with relevant laws, including HIPAA, when the request is from anyone other than the resident. The Legal Department will contact the Community when the request has been approved or denied. If the request is approved, the Legal Department and the Vice President of Resident Services will review the records prior to release to confirm that the records are complete.

2. The Maplewood Response to Records Request Policy was updated on January 23, 2023, to expressly provide that:

> Records will be provided within a reasonable timeframe, under the circumstances, but in no event more than 30 days after the request, provided that the requestor is authorized to receive the records.

3. The Regional Director of Resident Services will re-educate (i.e. in service) the SALSA and the Executive Director at the Community on the updated Maplewood Response to Records Request Policy and expectations.

b. Date of Correction Action Plan (CAP):

All corrective actions as described above will be completed by February 27, 2023, except for ongoing monitoring.

c. Plan to Monitor/Audit:

The SALSA, RND and/or ED will review all requests for resident records no less than once per month for the next three (3) months to (a) confirm that such requests were brought to the attention of the Legal Department at the home office; (b) to ascertain whether (i) the Legal Department has reviewed the records and determined whether to approve the request; (ii) if the request was approved, the Legal Department and VP of Resident Services has reviewed records to confirm that the record is complete; and (c) confirm that, if approved, the resident records have been provided to the requestor within a reasonable timeframe, under the circumstances, but in no event more than 30 days after the request.

Please note that we are hereby requesting an office conference to dispute the violations set forth in #2.

The staff member responsible for ensuring the Community's compliance with this Plan of Correction will be the Supervisor of Assisted Living Services Agency of the Community.

MAPLEWOOD
Senior Living

Should you have any questions, please contact me at stonyhillrsd@maplewoodsl.com or (203) 207-4100.

Respectfully submitted by,

Sian Denton, RN
Supervisor of Assisted Living Services Agency
Maplewood at Stony Hill ALSA, LLC

SD:an
cc: Lauren Stowell (by email)
Eileen Duggan (by email)
Cristina Deguzman (by email)
Jennifer Kuzmech (by email)

Rec'd.

Requested Agency Policy from Lauren Stowell

MAPLEWOOD
senior living

MSL-2013CT-02N

Title: Requests for Resident's Medical and/or Financial Records

Standard: All requests for resident's records are to be brought to the attention of the Legal Department at the home office by telephone.

Practice:

- The request will be reviewed for HIPAA compliance when the request is from anyone other than the resident.
- The request will be reviewed by legal.
- The Legal Department will contact the community when the request has been approved.
- When the request is approved, the Legal Department and VP of Resident Services will review the record prior to release to confirm the record is complete.
- The community will maintain an exact duplicate of the resident record which has been sent to the requesting party at the community for the archives.

Approval Date	January 2013	Review Date		Review Date	
Review Date	February 2017	Review Date		Review Date	

Title: Requests for Resident's Medical and/or Financial Records

Standard: Resident records are released only in compliance with relevant law and this policy. All requests for a resident's records are to be brought to the attention of the Legal Department at the home office by telephone.

Practice:

- Any request for resident records will be reviewed by the Legal Department for compliance with relevant laws, including HIPAA, when the request is from anyone other than the resident.
- The Legal Department will contact the community when the request has been approved.
- When the request is approved, the Legal Department and VP of Resident Services will review the record prior to release to confirm that the record is complete.
- The community will maintain an exact duplicate of the resident record that has been sent to the requesting party.
- Records will be provided only to (i) the resident, (ii) resident's legal representative, (iii) others, if the resident provides Maplewood at Stony Hill with written authorization to do so, or (iv) others, as permitted or required by law. The individual requesting a resident's records, other than the resident, may be required to show proper authorization to receive the records.
- Records will be provided within a reasonable timeframe, under the circumstances, but in no event more than 30 days after the request, provided that the requestor is authorized to receive the records.