Section 3

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

Maplewood at Darien
599 Boston Post Road
Darien, CT. 06820

Signature of DHSR Staff

Michael J. Smith — Nurse Consultant

Licensure Category: Assisted Living Services

Licensed Capacity : _____ Census : _____

Licensed Capacity : _____ Census : _____

Date(s) of Onsite Inspection : 7/25/16 + 7/26/16

Date(s) Additional Information Obtained: _____

Personnel Contacted: Kim Russo, RN, SACSA; Jackie Mazurowski Ex. Director

REVIEW/FINDINGS/PROCESS (complete all applicable)

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

[ ] Revisit for the Purpose of _____

[X] See Complaint Investigation # CT00019332

[ ] 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 September 15, 2017

[ ] 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 DATE OF REPORT 7-26-16

[ ] Approval for Issuance of License granted by : Loan O Nguyen 12-9-16
Supervisor / Title Date

ENTITY: Maplewood of Darien

DATE(S) OF VISIT: 7/25 + 7/26/16

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 70 23 Dementia

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

SALSA: Kim Russo RN

SALSA Designee: Rose Casimir RN

Home health care contracts/contracts:

Name: Amedysis Home Care

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Managed Residential Community visited: Maplewood Darien

Service Coordinator: Jackii Mazurowski

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

Rev.7/01

SIGNATURE: Michael Jacks 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

September 15, 2017

Kim Russo, Supervisor of Assisted Living Services Agency
Maplewood At Darien
599 Boston Post Road
Darien, CT 06820

Dear Ms. Russo:

Unannounced visits were made to Maplewood At Darien on July 25 and 26, 2016 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation.

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.

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 September 29, 2017 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

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 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.

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

DATE(S) OF VISIT: July 25 and 26, 2016

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

Respectfully,

Loan D Nguyen

Loan Nguyen M.S.N., R.N., C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section
CT # 19332

LN:mb

DATE(S) OF VISIT: July 25 and 26, 2016

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 (d) Governing authority of an assisted living services agency (4) (A) and/or (g) Supervisor of assisted living services (2) (A) and/or (B) and/or (C) and/or (h) Nursing services provided by an assisted living services agency (3) (E).

1. Based on clinical record review and staff interview, for one of three clients (Client # 1) in the survey sample, the Assisted Living Services Agency (ALSA) failed to ensure the quality of services. The findings include:
   a. Client #1 was admitted to the assisted living memory care unit on 12/7/12 with diagnoses that included a history of complete heart block status-post pacemaker placement, atrial fibrillation, hypertension, type II diabetes mellitus, celiac disease, prostate cancer, Vitamin B deficiency, cerebrovascular accident with left sided weakness and depression.
   The client service program dated 4/6/16 identified the need for total assistance with bathing, continence care, dining, dressing, hygiene, grooming, medication administration, application of a leg brace when standing, and the use of a sit-to-stand lift with the assistance of two staff members.
   The nursing note dated 9/6/15 at 3:15pm indicated that Client #1 was being transferred with the sit-to-stand lift from the toilet seat when Client #1 sustained a skin tear to the left posterior wrist.
   Another nursing note dated 10/22/15 at 2:38pm identified another incident during which Client #1's left hand was caught on the sit-to-stand lift during a transfer, with a resulting skin tear noted.
   The client's family and the physician were notified, the plan of care was updated to reflect the need to monitor the client's hands during transfers.
   A nursing note dated 11/09/2015 at 7:05pm indicated that Client # 1 was in the dining room with spouse, when Client #1 slipped off the wheelchair and landed on buttocks, with no injury noted.
   The nursing note dated 11/23/15 indicated that Client #1 sustained a skin tear to the left hand during the transfer on the sit-to-stand lift, which Client # 1 attributed to hitting the hand "on the machine.",
   The nursing note dated 12/06/15 at 7:46pm indicated that Client #1 indicated attempted to get up from the wheelchair to walk with spouse, when the client slid off the wheelchair and was found on the floor, with no observable injury.
   The nursing note dated 1/16/16 at 10:44am indicated that Client #1 sustained a small skin tear to the left hand during a transfer from bed to wheelchair using the sit-to-stand lift.
   The nursing note dated 7/3/16 at 6:53pm indicated that Client #1 was found on floor in own apartment, lying in the prone position on the left side of the bed. Client #1 verbalized an attempt to transfer out of bed independently. The client sustained a bruise with a scant amount blood on the left side of forehead and a skin tear to the left elbow.

DATE(S) OF VISIT: July 25 and 26, 2016

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

Interview and review of the ALSA documentation with the Supervisor of Assisted Living Services (SALSA) on 7/26/16 failed to identify adequate supervision of the nursing and ALSA aide staff and/or appropriate implementation of the plan of care.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Chris

Raul Pino, M.D., M.P.H.
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Healthcare Quality And Safety Branch

September 15, 2017

Kim Russo, Supervisor of Assisted Living Services Agency
Maplewood At Darien
599 Boston Post Road
Darien, CT 06820

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Respectfully,

Loan D Nguyen

Loan Nguyen M.S.N., R.N., C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section
CT # 19332

LN:mb

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   The nursing note dated 9/6/15 at 3:15pm indicated that Client #1 was being transferred with the sit-to-stand lift from the toilet seat when Client #1 sustained a skin tear to the left posterior wrist.
   Another nursing note dated 10/22/15 at 2:38pm identified another incident during which Client #1's left hand was caught on the sit-to-stand lift during a transfer, with a resulting skin tear noted.
   The client's family and the physician were notified, the plan of care was updated to reflect the need to monitor the client's hands during transfers.
   A nursing note dated 11/09/2015 at 7:05pm indicated that Client # 1 was in the dining room with spouse, when Client #1 slipped off the wheelchair and landed on buttocks, with no injury noted.
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MAPLEWOOD
senior living

POC accepted
10/5/17

October 3, 2017

By Email to Loan.Nguyen@ct.gov

Ms. Loan Nguyen, R.N., M.S.N., B.C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section
State of Connecticut
Department of Public Health
410 Capitol Avenue
P.O. Box 340308
Hartford, CT 06134

Re: Maplewood at Darien ALSA, LLC

Dear Ms. Nguyen:

This letter is in response to your letter dated September 15, 2017, regarding Maplewood at Darien ALSA, LLC, the provider of assisted living services at Maplewood at Darien, an assisted living community located in Darien Connecticut. This letter does not constitute an admission that the law has been violated as alleged in the letter, that the facts as alleged in the letter are true, or of any other wrong doing. Rather, this letter is set forth as a comprehensive Plan of Correction for the following alleged violations of the Regulations of Connecticut State Agencies and/or the General Statutes of the State of Connecticut which were noted during unannounced visits by a representative of the State of Connecticut Department of Public Health Facility Licensing and Investigations Section on July 25, 2016 and July 26, 2016.

1. Violations of Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing Authority of an assisted living services agency (4) (A) and/or (g) Supervisor of assisted living services (2) (A) and/or (B) and/or (C) and/or (h) Nursing services provided by an assisted living services agency (3) (E).

A. Measures to Prevent Recurrence:

1. Mechanical Lift Policy: The Mechanical Lift Policy then in effect was updated in September 2017 in regards to what steps should be taken when a Mechanical Lift related injury occurs. A copy of the updated policy, attached hereto as Exhibit 1, provides clear instructions regarding general practice.

Maplewood Senior Living
One Gorham Island
Westport, Connecticut 06880
Phone: 203.557.4777
Fax: 203.557.4783
www.maplewoodseniorliving.com

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senior living

Doc #2911

of correction will be the Supervisor of Assisted Living Services Agency at Maplewood at Darien.

Cristina Deguzman
Supervisor of Assisted Living Services Agency
Maplewood at Darien

Enclosure

Maplewood Senior Living
One Gorham Island
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MAPLEWOOD
senior living

MSL-2017CT

Title: **Mechanical Lift Policy**

Standard: Residents who require more than a two (2) person assist due to a non-weight bearing status, generalized weakness, or for generalized obesity may require a mechanical lift, such as a Hoyer Lift or a Sit to Stand Lift. All other forms of transferring must be tried before resorting to a mechanical lift. A physical therapist consult must have occurred before a mechanical lift is utilized. A medical provider order is required.

Practice: **Hoyer Lift:**

1. A physician order must be obtained for such transfer device.
2. All staff must have completed an in-service before operating the Hoyer Lift.
3. There will be a minimum of two (2) people to operate such device. One person to operate the hydraulics, and one person to support the head, back and feet region.
4. Emergency communication systems, such as hand held radios and telephone, will be in the possession of the nurse aides while in the room. During day and evening hours the hand held radios, and during nights hand held radios and the telephone, will be in the possession of the nurse aides.
5. **Transfer from bed to wheelchair:**
   - Secure the wheelchair a safe distance from the bed and the Hoyer Lift.
   - Lock the wheelchair wheels.
     - All staff check to see that wheels are locked and communicate "Wheelchair wheels are locked."
   - Expand the base of the Hoyer Lift, if applicable.
   - All staff communicate "Hoyer base expanded."
   - Lock the Hoyer Lift wheels, if applicable.
     - All staff communicate "Hoyer wheels locked".
   - Utilize the color-coded system for the transfer harness. All four (4) points of the harness must be the same color while attaching to the Hoyer Lift frame. If you utilize different colors, the resident could become unstable and the weight can shift. ALL COLORS MUST BE THE SAME.
     - All staff communicate "All colors are _____".
   - Secure the resident in harness on the bed.
   - All staff state "transfer in progress."
   - Once the transfer is to be made, the hydraulics lock knob on the front of the Hoyer Lift is turned clockwise to the right. The operator of the Hoyer Lift begins to depress the hydraulic lever.
   - One person supports the head, and one person supports the leg and back

region for safe transfer to the wheelchair.

- Once safely in the wheelchair, the operator turns the hydraulics counter-clockwise to the left, SLOWLY, lowering resident to wheelchair.
- The harness can remain under the resident while in the wheelchair. Please make sure that you tuck in as much as possible the transfer harness while in the wheelchair.

6. **Transfer from wheelchair to bed:**
   - Secure the wheelchair a safe distance from the bed and the Hoyer Lift.
   - Lock the wheelchair wheels if applicable.
     - All staff check to see that wheels are locked and communicate "Wheelchair wheels are locked."
   - Expand base of Hoyer Lift if applicable.
     - All staff communicate "Hoyer base expanded."
   - Lock the Hoyer Lift wheels.
     - All staff communicate "Hoyer wheels locked" if applicable
   - Utilize the color-coded system for the transfer harness. All four (4) points of the harness must be the same color while attaching to the Hoyer Lift frame. If you utilize different colors, the resident could become unstable and the weight can shift. **ALL COLORS MUST BE THE SAME.**
     - All staff communicate "All colors are_____".
   - Secure the resident in harness in wheelchair.
     - All staff state "transfer in progress."
   - Once transfer is to occur, the hydraulics lock located on the front of the Hoyer Lift is to be turned clockwise to the right. The operator of the Hoyer Lift begins to depress the hydraulic lever.
   - One person supports the head, and one person supports the leg and back region for safe transfer to the bed.
   - While safely over the bed, the operator turns the hydraulics lock counterclockwise to the left, SLOWLY, gently lowering the resident.
   - Remove the harness after the resident has been safely placed in bed using a logroll technique.

Sit to Stand Lift:

- A physician order must be obtained for such device.
- All staff must have completed in-service before operating this device. The in-service shall be completed by PT/OT.
- There will be a minimum of two (2) staff persons to operate such device.
- Emergency communications such as hand held radios and telephone shall be present.
- The sling is placed by one staff person under the resident arms and around

the resident's back.

- The resident's knees are placed against the knee pad.
- The resident's feet are placed on the foot pad.
- The resident's hands are placed on the frame of the mechanical lift.
- One staff member engages the mechanical lift while the other staff member ensures resident position and safety during transfer.

Mechanical Lift Transfer Related Injuries

- Any injury suffered by a resident during a mechanical lift transfer will require an immediate assessment by the RN to determine if the type of transfer is still the safest method to perform the task.
- Any identified changes in the resident's physical and mental abilities will be reported a nurse to the primary care physician who will determine whether the resident is to be referred to a licensed home health care agency for PT/OT evaluation.
- The RN will update the Resident Care Plan to reflect any recommendations made by the licensed home health care agency, as well as any nursing interventions.
- During every shift stand-up meeting, the RSAs will be updated of any changes to the Resident Care Plan. All such changes will be documented in the applicable Resident Task Log.

Approval Date					
Review Date	September 2017				

Title: Change of Condition

Standard: Change of condition may occur anytime when a resident demonstrates a change in his/her level of care. This change of condition occurs anytime when a resident has an improved level of care or a decreased level of care. The RN shall make a judgment determination as to what is considered a change in condition versus a no change in condition. Examples of changes in condition include, but not limited to, inpatient hospitalization, fractures, hematomas, change in mental status, change in physical status, change in emotional status, change in respiratory, endocrine such as high blood sugars or low blood sugars, change in cardiac, change in neurologic, change in ocular, change in otolaryngology, change in auditory, change in integumentary (skin) such as ulcers, change in gastro- intestinal, change in genito-urinary, change in pain status, and change in infection status.

Practice: The RN nurse shall determine whether or not a change of condition has occurred. This determination shall be based on factors including, but not limited to, a resident's history, a resident's baseline, diagnoses, presenting signs and symptoms, any risk based assessments such as falls, medications, elopement, discussion with a physician, discussion with family members (POA), discussion with staff, vital signs, and any other evidence. Essentially, the RN will base a determination of whether a change of condition has occurred on his/her clinical judgment.

No Change in Condition:

- No change has occurred
- Documentation in progress notes
- Telephone discussion with family
- Telephone discussion with medical provider, if necessary. The nurse shall determine if the call is necessary.

Change of Condition:

<u>Medical Emergency/Requiring Emergency Medical Services and Hospitalization Immediately</u>

Nurse on Duty:

- If there is an emergency occurring, and if an LPN (but no RN) is on the premises, the LPN shall enlist the services of 911. The LPN shall call the on-call RN who may assist the LPN and the first responders. Once EMS arrives, EMS shall take control and custody of the medical emergency.
    - The LPN nurse shall notify the family (POA) of the medical emergency.
    - The LPN nurse shall notify the physician.
    - Appropriate documentation in the progress notes.
    - Appropriate documentation for accident and incident reports, if necessary.
    - Upon return from the hospital a full assessment and service plan shall be performed by the RN.

- If an RN is on duty, the RN shall notify EMS, the family (POA) and the physician.
  - Documentation in the progress notes.
  - Appropriate documentation for accident and incident reports, if necessary.
  - Upon return from the hospital a full assessment and service plan shall be performed by the RN.

Changes of Condition not deemed a medical emergency when RN is on the premises

- For cases other than emergencies the RN shall assess as to whether there is a change of condition.
- The assessment process shall include, but not be limited to, a resident's history, diagnoses, presenting signs and symptoms, any risk based assessments such as falls, medications, elopement, discussion with a physician, discussion with family members (POA), discussion with staff, vital signs, and any other presenting evidence. Essentially, the RN will categorize the change of condition on his/her clinical judgment.
- From the RN's judgment, a full assessment shall be performed and signed by an RN within 24 hours.
- A service plan is created and signed by Resident/POA, RN, Physician, and Executive Director.
- Assisted Living Aide (ALA) supervisions created and signed off by an RN.
- Revised instructions (introductory visit form) are created and signed off by an RN. These revised instructions are for informing and updating the nurse aides.
- Depending upon the resident's clinical condition, homecare for skilled nursing, PT, OT, and/or speech therapy shall be provided, if necessary.
- Consultation with the physician, if necessary.
- Consultation with the pharmacy, if necessary.
- Consultation with a skilled nursing facility, if necessary.

Changes of Condition not deemed a medical emergency when RN is not on the premises

- For cases other than emergencies the LPN shall contact the on-call RN to determine whether a change of condition occurred. The LPN shall collect information and assist the RN.
- The assessment process shall include, but not be limited to, a resident's history, diagnoses, presenting signs and symptoms, any risk based assessments such as falls, medications, elopement, discussion with a physician, discussion with family members (POA), discussion with staff, vital signs, mentation, neurological status, and any other presenting evidence. Essentially, the RN will categorize the change of condition on his/her clinical judgment.
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- Assisted Living Aide (ALA) supervisions created and signed off by an RN.

- Revised instructions (introductory visit form) are created and signed off by an RN. These revised instructions are for informing and updating the nurse aides.
- Depending upon the resident's clinical condition, homecare for skilled nursing, PT, OT, and/or speech therapy shall be provided, if necessary.
- Consultation with the physician, if necessary.
- Consultation with an ophthalmologist, if necessary.
- Consultation with the pharmacy, if necessary.
- Consultation with a skilled nursing facility, if necessary.

- In the event the primary care physician or the on call physician is not reachable and a voicemail message is the only form of communication regarding the residents clinical condition, a repeat attempt to contact the physician must be documented within a 24 hour time period.

Approval Date	September 2013	Review Date	October 2017	Review Date	
Review Date	April 2017	Review Date		Review Date	