2017

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 30, 2017

Hilde Sager, President/Senior Administrator
Masonicare At Ashlar Village / Pond Ridge
Cheshire Road
Wallingford, CT 06492

Dear Ms. Sager:

Unannounced visits were made to Masonicare At Ashlar Village / Pond Ridge on May 23 and 24, 2016 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation and a licensing renewal survey.

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 13, 2017 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. 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. Identify the staff member, by title, who has been designated the responsibility for monitoring the individual plan of correction submitted for each violation.

We do not anticipate making any practitioner referrals at this time.

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

Respectfully,

Loan Nguyen, RN, MSN
Supervising Nurse Consultant
Facility Licensing and Investigations Section

DMO/mb

Complaint #18711

Keeping Connecticut Healthy
DPH
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
Affirmative Action/Equal Opportunity Employer

DATES OF VISIT: May 23 and 24, 2016

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

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (h) Nursing Services (3)(C) and/or (D) and/or (k) Client Service Record (2)(I).

1. Based on clinical record review and staff interview it was determined that nursing staff failed to notify a family member or significant other of a change in Client #1 ' s condition in a timely manner. The Findings included:
   a. Client #1 had a move in date to the assisted living memory impaired unit (Argonauta formerly the Hearth) on 1/12/15. The admitting diagnoses included dementia, loss of balance, hypothyroidism, hypercholesterolemia, depression, and hypertension. The client service plan dated 5/11/15 through 9/7/15 identified that Client #1 received personal care with hygiene, dressing, assistance with showers, medication management, incontinence care, cue to meals and activities, and safety checks every 2 hours.
   b. The nursing note dated 8/5/15 identified a late entry of 8/4/15 that Client #1 had a swollen cheek, the area was assessed, the client denied pain to right cheek, and the area was swollen. The grandchild was in to visit who noticed the area and spoke to LPN #1. The grandchild indicated that he/she checked Client #1 ' s mouth and nothing was noted and no complaint was voiced. LPN #1 reported to the grandchild that the physician will be called to schedule an appointment.
   c. Agency Documentation from Dentist #1 indicated that on 8/5/15, facial swelling was noted, an x-ray revealed abscess teeth, 1st and 2nd right molars, an extraction, oral hygiene was very poor, and there was an abundant plaque evident with a need to brush teeth effectively for the client 3 times per day.
   d. Review of the clinical record with the Supervisor of Assisted Living (SALSA) and the RN Designee on 5/23/16 at 10:15am identified that Client #1 ' s responsible Family Member was not notified of Client #1 ' s swollen cheek until after scheduling the physician visit. The grandchild notified Client #1 ' s responsible Family Member.
   e. Documentation and review with the SALSA 6/21/16 indicated that Client #1 was resistant to oral /morning care and at times refused care.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105(k) Client Service Record (2)(H)(ii).

2. Based on clinical record review and staff interview it was determined that the client service program was not updated to reflect the new goal of management and plan for intervention related to oral hygiene. The findings included:
   a. Agency Documentation from Dentist #1 indicated that on 8/5/15, facial swelling was noted, an x-ray revealed abscess teeth, 1st and 2nd right molars, an extraction, oral hygiene was very poor, and there was an abundant plaque evident with a need to brush teeth effectively for the client 3 times per day. Review of the client service program for the period of 8/5/15, the SALSA / registered nurse failed to update the newly identified problem of oral hygiene to be provided to Client #1, three (3) times per day and/or failed to update the assisted living aides activity documentation that the oral hygiene was

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

provided three (3) times per day.

b. Review of the client service program and the assisted living aides documentation with the SALSA and RN Designee on 5/23/16 at 10:45am identified that the client servicers program was not updated and the assisted living aides documentation was not specific to the intervention of oral care / brushing of Client #1 ' s teeth three (3) times per day.

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing Authority of an Assisted Living Service Agency (4)(A) and/or (m) Bill of Rights and Responsibilities (5).

3. Based on Clinical Record review and staff interview it was determined that assisted living agency failed to maintain the safety of a client who resided in a memory impaired secured unit who was a fall risk and experienced multiple falls. (Client #1) The findings included:
   a. Review of the physician plan of care dated 9/8/15 through 1/05/16 the clinical summary identified that Client #1 demonstrates loss of balance, has frequent falls, and safety checks every two hours.
   b. Review of the clinical record identified that Client #1 fell on 10/27/15, 11/18/15, a nd 12/20/15. The clinical record identified that Client #1 had a physical therapy evaluation and treatment plan dated 10/31/15. The nursing note dated 11/19/15 indicated that Client #1 was observed on floor in dining room on 11/18/15 at 7:50 pm. Client #1 stated he/she hit his/her head and was sent out emergently to Hospital #1.
   c. Review of the clinical record with the SALSA and RN Designee on 5/24/16 at 10:45am identified that Client #1 falls frequently and as of 10/30/15, Client #1 was placed on hourly checks for safety.
   d. The report dated 11/19/15 from Hospital #1 identified that Client #1 sustained a fracture to the left humeral neck. The assisted living agency failed to maintain the safety of Client #1 who was assessed to be a fall risk and experienced multiple falls.

Fax accepted Mdunn 5/22/17

TO: Loan Nguyen, RN, MSN

Supervising Nurse Consultant

Facility Licensing and Investigations Section

FROM: Masonicare at Ashlar Village / Pond Ridge Assisted Living

DATE: April 12, 2017

Plan of Correction

DPH Survey conducted on May 23-24, 2016

Complaint #18711

Three (3) Violations were noted;

1) **Regulations of Connecticut State Agencies**
Section 19-13-D105(h) Nursing Services(3)(C) and/or (D) and/or (k) Client Service Record (2)(I)

Measures to prevent recurrence:

a) Reviewed policy of informing Family members of Clinical changes of Clients.
Effected date: March 31, 2017
Responsible person: ALSA Director

b) Education planned for staff meeting regarding importance of communicating Clinical changes to the Family members.
Effected date: April 25,2017
Responsible person: ALSA Director

c) Conduct a baseline record review of 100% Clients in Memory impaired secure unit to identify Clients who have had Clinical changes to staff and Client Family members.
Effected date: April 25, 2017
Responsible person: ALSA Director

Monitoring plan:

a) Ongoing careplan review at 120 day intervals to identify Clients who have had Clinical changes and to monitor for communication of those changes.

2) **Regulations of Connecticut State Agencies Section <u>19-13-D105(k) Client Service Record (2)(H)(ii)</u>**

POC accepted 5/22 pdr

Measures to Prevent recurrence:

a) Reviewed policy of documenting new orders in Client service record and assisted living aides.
   Effective date: June 2016
   Responsible person: ALSA Director
b) Updated method of adding orders to Client record. Changed from hand written to EMR method of documentation.
   Effective date: May 2016
   Responsible person: ALSA director
c) Developed 24 hour communication log which is utilized by staff at change of shift daily to ensure communication of new orders.
   Effective date: June 2016
   Responsible person: ALSA Director
d) Educated staff on use of EMR to enter new orders into Client record and use of 24 hour communication log to relay the message of a Client's new orders.

Monitoring Plan:

a) Client care flow sheets will be audited for clinical changes on a monthly basis. Client who have had Clinical changes will have a record review to measure compliance with placing orders in the Clients record as received.

3) **Regulations of Connecticut State Agencies <u>Section Governing Authority of an Assisted Living Service agency (4) (A) and/or (m) Bill of Rights and Responsibilities (5)</u>**

Measures to prevent recurrence:

a) Reviewed policy for management of Client safety
   Effective date: June 2016
   Responsible person: ALSA Director

b) Developed checklist to be utilized when documenting safety checks as ordered and educated staff on use of the checklist at staff meeting. This changed the method of charting post fall to include a checkbox to document the time that the fall check is due.
   Effective date: September 16, 2017
   Responsible person: ALSA Director

Per recent 5/22/17 ML

c) Instituted new 24 hour flowsheet to capture communication of post fall compliance during shift report and educated staff on use of use of 24hour flowsheet to communicate.
Effective date: June 2016
Responsible party: ALSA Director

Monitoring Plan

a) Monthly Audit of Client records who have had a fall with post fall check orders instituted to ensure checklist is utilized
Effective date: September 16, 2017
Responsible person: ALSA Director

If there are any questions or concerns relative to the Plan of Correction or any other matter, please do not hesitate to contact me.

Jason Rieger
Assistant Administrator / Assisted Living
Masonicare at Ashlar Village
203-679-6040
JaRieger@masonicare.org

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Masonicare at Ashlar Village ALR
Cheshire Road
Wallingford CT 06492

Signature of FLIS Staff

Michael J. Schmidt RN

Licensure Category:
Assisted Living

Licensed Capacity: _____ Census: _____
Licensed Capacity: _____ Census: _____

Date(s) of onsite inspection: 5/23/16, 5/24/16

Date(s) additional information obtained: _____

Personnel contacted: Laura Santoro RN, MSCN, Jaclyn Rieger, Lucia Corbett

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

[ ] Desk Audit _____ [ ] Amended Letter: _____

[ ] Revisit for the purpose of _____

[✓] See Complaint Investigation # CT 18711

[ ] See Reportable Event Investigation # _____

[ ] See Certification File.

[✓] 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 3/30/17

[ ] 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.

[ ] Referral(s) to _____

REPORT SUBMITTED BY: Madeline Jacobs **DATE OF REPORT:** 6/8/16

[✓] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 7-5-16
Supervisor/Title

ENTITY: Manor Care at Adler Village

DATE(S) OF VISIT: 5/23/16

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: Dementia 35

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

SALSA: Laura Shantore RN

SALSA Designee: Jaimie Peoretta RN

Home health care contracts/contracts:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Managed Residential Community visited: Pond Ridge MRC / The Arboretum Unit

Service Coordinator: Jason Rieger

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

Rev. 7/04

SIGNATURE: Marked J Smith RN

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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Healthcare Quality And Safety Branch

March 30, 2017

Hilde Sager, President/Senior Administrator
Masonicare At Ashlar Village / Pond Ridge
Cheshire Road
Wallingford, CT 06492

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

Respectfully,

Loan Nguyen, RN/DO

Loan Nguyen, RN, MSN
Supervising Nurse Consultant
Facility Licensing and Investigations Section

DMO/mb

Complaint #18711

Keeping Connecticut Healthy
DPH
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
Affirmative Action/Equal Opportunity Employer

DATES OF VISIT: May 23 and 24, 2016

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provided three (3) times per day.

b. Review of the client service program and the assisted living aides documentation with the SALSA and RN Designee on 5/23/16 at 10:45am identified that the client servicers program was not updated and the assisted living aides documentation was not specific to the intervention of oral care / brushing of Client #1 ' s teeth three (3) times per day.

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   a. Review of the physician plan of care dated 9/8/15 through 1/05/16 the clinical summary identified that Client #1 demonstrates loss of balance, has frequent falls, and safety checks every two hours.
   b. Review of the clinical record identified that Client #1 fell on 10/27/15, 12/20/15, and on 11/18/15. The clinical record identified that Client #1 had a physical therapy evaluation and treatment plan dated 10/31/15. The nursing note dated 11/19/15 indicated that Client #1 was observed on floor in dining room on 11/18/15 at 7:50 pm. Client #1 stated he/she hit his/her head and was sent out emergently to Hospital #1.
   c. Review of the clinical record with the SALSA and RN Designee on 5/24/16 at 10:45am identified that Client #1 falls frequently and as of 10/30/15, Client #1 was placed on hourly checks for safety. Although the Client was on hourly safety checks, the activity record dated 11/18/15 failed to clearly identify that the client was checked hourly in accordance plan of care.
   d. The report dated 11/19/15 from Hospital #1 identified that Client #1 sustained a fracture to the left humeral neck. The assisted living agency failed to maintain the safety of Client #1 who was assessed to be a fall risk and experienced multiple falls.

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

Masonicare at Ashlar Village
Pond Ridge Assn
Cheshire Road, Wallingford
203-679-6401

Signature of DHSR Staff

Michael S. Hunt RN

Licensure Category: Assisted Living Pilot — Licensed Capacity: 41 apt — Census: 35 Dementia

Licensed Capacity: ____ — Census: ____

Date(s) of Onsite Inspection: 5/23/16 + 5/24/16

Date(s) Additional Information Obtained: ____

Personnel Contacted: Laura Santoro RN, MSN

REVIEW/FINDINGS/PROCESS (complete all applicable)

[ ] Licensing Inspection: [ ] *Initial* [ ] *Renewal* [ ] *Other:* ____

[ ] Revisit for the Purpose of ____

[X] See Complaint Investigation # CT 18711

[ ] 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 S. Hunt — DATE OF REPORT 5/24/16

[ ] Approval for Issuance of License granted by: Loan D Nguyen — Supervisor / Title — 5-24-16 Date