Section 7

2017

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
Cheshire Road
Wallingford CT 06492
same M: 203-679-4401

Signature of FLIS Staff

Melissa San Souci RN Nurse Consultant

Licensure Category:

Assisted Living Agency

Licensed Bed
Bassinet Capacity: ____

Census:
memory 36
ALSA 86
Total 122

Date(s) of onsite inspection: 10/03/17, 10/04/17, 10/05/17

Date(s) additional information obtained: ____

Personnel contacted: Elizabeth Braun, SANSA MSN RN; Joanne Poietto RN Designee
Joann Reizes - ED/RSC

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

[ ] Visit **OR** Revisit for the purpose of no jurisdiction ODN

[X] See Complaint Investigation # 20921 & 21416

[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 San Souci RN **DATE OF REPORT:** 10/06/17

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

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

July 23, 2018

Elizabeth Brown, Supervisor of Assisted Living Services Agency
Masonicare At Ashlar Village / Pond Ridge
Cheshire Road
Wallingford, CT 06492

Dear Ms. Brown:

Unannounced visits were made to Masonicare At Ashlar Village / Pond Ridge on October 3, 4 and 5, 2017 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting multiple investigations.

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 August 6, 2018 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 to Loan.Nguyen@ct.gov may be subject to disciplinary action.

DATES OF VISIT: October 3, 4 and 5, 2017

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

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

Respectfully,

Loan D Nguyen

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

CT # 20921 and 21416

LN:mb

DATES OF VISIT: October 3, 4 and 5, 2017

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 (g) Supervisor of assisted living services (2) (A) and/or (B) and/or (h) Nursing Services provided by an assisted living services agency (3) (D) and/or (k) Client service record (1) and/or (2) (E) and/or (K).

1. Based on review of the clinical record and interview with agency personnel, for one of two clients (Client #4) who required oxygen therapy, the agency failed to ensure the physician ordered the oxygen therapy. The findings include:

   a. Client #4 had a start of care date of 03/18/16 and diagnoses that included chronic obstructive pulmonary disease, pulmonary hypertension, macular degeneration and rheumatoid arthritis.

      1. Interview and review of the nursing notes with the registered Nurse/RN Designee on 10/04/17 indicated that the client was oxygen dependent and received continuous oxygen at 2 liters via nasal cannula but failed to identify a physician's order for the oxygen therapy;

      2. Interview and review of Client # 4's medication list with the registered Nurse/RN Designee on 10/04/17 failed to identify listing of the oxygen as a medication in use;

      3. Interview and review of the client service plan dated 08/06/17 to 12/05/17 with the RN Designee identified instructions for the ALSA aide to report to the nurse when the oxygen humidifier needed refilling, but failed to identify a physician's order to use a humidifier with the oxygen.

Chris

POC Approved
8/3/18
M Jan Gowin RN

Masonicare at Ashlar Village

August 1, 2018

Response to Department of Public Health letter dated July 23, 2018

Unannounced visits made to Masonicare at Ashlar Village on October 3, 4, and 5, 2017.

Plan of Correction

Violation sited - Regulations of Connecticut State Agencies Section 19-13-D105(g) Supervisor of assisted living services (2) (A) and/or (B) and/or (h) Nursing Services provided by an assisted living services agency (3) (D) and/or (k) Client service record (1) and/or (2) (E) and/or (K).

1. Measures to correct violation:
   a) Orders for Oxygen and Humidification were obtained from client primary physician, Dr. Riat. Both orders were added to the medical record of Client #4.
   Effective date: October 4, 2017 (Oxygen), October 6, 2017 (Humidification)
   Responsible person: Pond Ridge ALSA Director

2. Measures to prevent recurrence:
   a) Conducted a baseline record review of 100% Resident records at Masonicare's Pond Ridge Assisted Living to ensure that there are orders for all residents who utilized oxygen to ensure that MD order for oxygen was included in the medication list in the medical record at the ALSA. If any orders were discovered missing, the physician would be contacted to obtain an order for oxygen use.
   Effective date: October 5, 2017
   Responsible person: Pond Ridge ALSA Director

   b) Education given regarding requirement and importance of obtaining physician's orders for oxygen use.
   Effective date: October 9, 2017
   Responsible person: Pond Ridge ALSA Director

POC Approved
M Starr Surveyor
8/3/18

3. Monitoring plan:
   a) Ongoing care plan review at 120 day intervals to identify Clients who have had Clinical changes and to monitor for communication of those changes.
   Effective date: Ongoing 120 day intervals, dependent upon Residents Plan of Care renewal schedule
   Responsible person: Pond Ridge ALSA Director

   b) Once 100% compliance in achieved; add corrective action to Quality Managers Audit as follows: Conduct a quarterly record review of 10% Resident records at Masonicare's Ashlar Village Pond Ridge Assisted Living to ensure that there are orders for all Residents utilizing Oxygen.
   Effective date: September 2018
   Responsible person: Masonicare Quality Manager

   c) Include the requirement and importance of obtaining MD orders for oxygen use in annual employee education plan.
   Effective date: December 2018
   Responsible person: Pond Ridge ALSA Director

Respectfully submitted,

Jason Rieger

Assistant Administrator
Masonicare at Ashlar Village

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 Mystic
23 Clara Drive
Mystic CT 06355

M: MASONICARE AT Ashlar Village / Pond Ridge
Cheshire Rd. Wallingford CT. 06492

Signature of FLIS Staff

Michael J. Smith RN, Nurse Consultant

Licensure Category:

Assisted Living Facility

Licensed Bed
Bassinet Capacity: 50 ALZA
48 Dementia

Census:

Date(s) of onsite inspection: 2/8/17

Date(s) additional information obtained:

Personnel contacted: Perry Phillips Ex. Director ; Mary Goldsmith, SACSA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

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

[ ] See Complaint Investigation #

[ ] 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

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

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[ ] 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: Michael J. Smith RN **DATE OF REPORT:** 2/8/17

[ ] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 2-14-17
Supervisor/Title

Masonicare at Ashlar Village, Wallingford CT (Licensed)

ENTITY: Masonicare at Mystic MRC,

DATE(S) OF VISIT: 2/8/17

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: Initial Survey
Number of home visits: _____ Number of records reviewed: _____
SALSA: Mary Goldsmith RN
SALSA Designee: Bernadette Preuty
Home health care contracts/contracts:
Name: Masonicare Home Health + Hospice
Address: Cheshire Road, Wallingford
Phone: 888-482-8862

Name: _____
Address: _____
Phone: _____

Managed Residential Community visited: Masonicare at Mystic
Service Coordinator: Karen Hawthorne

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

Rev.7/04

SIGNATURE: Muriel J Lucot RN