Sectii
3

2017

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Residence at Brookside
117 Simsbury Road
Avon, CT 06001
M:

Signature of FLIS Staff

Noreen Barrett RN Nurse Consultant
Michael T. Lamb RN Nurse Consultant

Licensure Category:

Assisted Living

Licensed Bed
Bassinet Capacity:

Census:
74 apartments
20 of being dementia.

Date(s) of onsite inspection: 7/5/17 + 7/6/17

Date(s) additional information obtained: _____

Personnel contacted: Lucille Bowen Salsa Phil Noto Ed.

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

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

[X] See Complaint Investigation # 20424.

[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 ~~March 29~~ April 2, 2018

[ ] 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: Noreen Barrett **DATE OF REPORT:** 7-6-17

[✓] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 7-20-17
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

April 2, 2018

Lucille Bowen, Supervisor of Assisted Living Services Agency
The Residence At Brookside
117 Simsbury Road
Avon, CT 06001

Dear Ms. Bowen:

Unannounced visits were made to The Residence At Brookside on July 5 and 6, 2017 by representatives 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 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 16, 2018 or if a request for a meeting is not made by the stipulated date, the violations 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.

Connecticut Department of Public Health

Phone: (860) 509-7400 • Fax: (860) 509-7543
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph
Affirmative Action/Equal Opportunity Employer

DATES OF VISIT: July 5 and 6, 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 (k) Client service record (2)(H)(i) and/or (ii) and/or (iii) and/or (vi).

1. Based on clinical record review and interview with facility personnel, for one of three clients (Client # 1) with a change in condition, the facility nurse failed to update the Service Plan and/or the written instructions for the assisted living aides to reflect the change in condition and develop interventions to address the client's needs. The findings include:
   a. Client #1 was admitted on 6/8/15 to the Reflections Unit (secured unit) with diagnoses that included atrial fibrillation, benign prostate hypertrophy, cerebrovascular accident and vascular dementia.

      Interview and review of the clinical notes with the SALSA on 7/6/17 at 10:00 AM indicated that Client # 1 pushed the nurse, locked the apartment door and barricaded the door with the headboard from the bed.

      Attempts to persuade Client # 1 to open the door were unsuccessful as Client # 1 believed a burglary had taken place.

      The ALSA staff called the police, and the police officer convinced Client # 1 to open the door.

      The ALSA note dated 6/10/16 indicated that Client # 1 was agitated and exit-seeking.

      The note dated 8/12/16 indicated that Client # 1 was exit-seeking, yanking and rattling the door, entering codes in the keypad at the door, and trying to leave the secured unit.

      The ALSA note dated 9/18/16 indicated that Client # 1 exhibited increased anxiety and restlessness.

      The ALSA note dated 1/5/17 indicated that Client # 1 was combative and threatened to harm the ALSA aide. Client # 1 subsequently left the apartment waving a belt at the ALSA aide, saying "Get out of here before I hit you," and actually struck the ALSA aide in the chest with the buckle, before turning around to go back in the apartment and locking the door.

      i. Interview and review of the Service Plans dated 3/2/16, 6/30/16 and 10/24/16 with the SALSA on 7/5/17 at 1:00 PM failed to identify revisions to the plan of care with interventions to address Client # 1's behaviors;

      ii. Interview and review of the clinical notes and the Personal Daily Log for June, July, August, September 2016 and January 2017 failed to identify specific instructions for

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

the ALSA aides to observe and report to the nurses Client #1's behaviors of exit seeking, agitation and combativeness, with interventions to re-direct Client # 1 as needed;

Interview and review of the Service Plans dated 7/6/15, 11/2/15, 3/2/16, 6/30/16 and 10/24/16 with the SALSA on 7/5/17 at 1:00 PM identified directions to conduct safety checks along with toileting rounds overnight, but failed to identify documentation of safety checks and hygiene provided every hour as indicated by the SALS

Chris

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

April 2, 2018

Lucille Bowen, Supervisor of Assisted Living Services Agency
The Residence At Brookside
117 Simsbury Road
Avon, CT 06001

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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 16, 2018 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

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DATES OF VISIT: July 5 and 6, 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 D. Nguyen, R.N., C., M.S.N.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

CT #20424

DATES OF VISIT: July 5 and 6, 2017

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

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accepted RBarzini 4/24/18 spoke C. Bauman 2:30 pm Scanned 4/24/18 RBarzini

THE RESIDENCE at Brookside

April 12, 2018

Ms. Loan Nguyen, RN, MSN, BC
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
Email: loan.nguyen@ct.gov
Facsimile: 860-509-7538

VIA: Email, and Facsimile

Dear Ms. Nguyen:

I am responding to your letter dated April 2, 2018 regarding The Residence at Brookside. 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 noted during your unannounced visit by a representative of the State of Connecticut Department of Public Health Facility Licensing and Investigations Section on July 5 and July 6, 2017.

- Pertaining to alleged violation of the Coordination, Assessment and Monitoring Agency Licensure Regulations Section 19-13-D105 (k) Client Service Record (2)(H)(i) and/or (ii) and/or (iii) and/or (vi).

accepted Rebecca Roberts 4/24/18

(1) Measures implemented to prevent recurrence of identified issue

a. Documented reeducation will be held for all Nursing associates and care givers, on the sited regulation to include but not limited to, reporting and documenting significant change in condition, identifying needs, developing goals and interventions on service plan with associates, resident, family, MD, along with informal and formal supports, and the ongoing review of service plans with care givers.

b. All current service plans will be reviewed by SALSA and or designee, and updated as needed with any significant changes, interventions, goals, plan and reviewed with care givers.

(2) Date for corrective measure to be effective

All Service plans will be reviewed and updated as necessary for change in condition by 5/20/18.

All education efforts will be completed by 5/20/18 with care associates.

(3) Monitoring of Quality Assurance/Performance Improvement to ensure measures are sustained

a. Random file audits to be conducted on an ongoing basis by SALSA, or designee.

b. File reviews will be done as part of Quarterly Assurance

(4) Title of staff member responsible for ensuring compliance

Executive Director

Supervisor of Assisted Living Service Agency

If you should have any further questions, please do not hesitate to contact me.

Sincerely,

Lucille Bowen RN
SALSA

ED: PAN

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH SYSTEMS REGULATION

LICENSING INSPECTION REPORT

Name and Address of Entity

The Residence at Brookside
117 Simsbury Road
Avon, CT 06001

Signature of DHSR Staff

Robin Barrera Nurse Consultant

Licensure Category: Assisted Living

Licensed Capacity: 68 **Census** 70

Licensed Capacity: _____ **Census:** _____

Dates of Onsite Inspection: 6/30/16

Date(s) Additional Information Obtained: 7/20/16

Personnel Contacted: Lucille Bowen SALSA, Deborah Kvichick Director of Care.

REVIEW/FINDINGS/PROCESS (complete all applicable)

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

[] **Revisit for the Purpose of** _____

[X] **See Complaint Investigation #** 20216

[] **See Reportable Event Investigation #** _____

[] **See Certification file.**

[] **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.**

[X] **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 Robin Barrera **DATE OF REPORT** 6/30/16

[] **Approval for Issuance of License granted by:** Loan D Nguyen 5-5-17
Supervisor / Title Date