Section 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

The Saybrook at Haddam
1556 Saybrook Rd
Haddam CT 06438
M: Same
Ph: 860-345-3779 Fax 860-345-2573

Signature of FLIS Staff

Melissa J. San Souci RN Nurse Consultant

Licensure Category:

Assisted Living Services Agency

Licensed Bed Bassinet Capacity: _____

Census:
49 Traditional
23 Memory Care
72 Total

Date(s) of onsite inspection: 11/27/17, 11/28/17

Date(s) additional information obtained: _____

Personnel contacted: Diane Carigliano RN SALSA, Jeffrey Williams, ED
Sandra Reitman RN Designee

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

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

[ ] See Complaint Investigation # _____

[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 8-2-18

[ ] 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 J. San Souci RN **DATE OF REPORT:** 11/29/17

[ ] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 11-30-17
Supervisor/Title

Scanned

LICENSING INSPECTION NARRATIVE REPORT:

DEPARTMENT OF PUBLIC HEALTH
HOSPITAL AND MEDICAL CARE DIVISION

INSPECTION MATERIALS CHECKLIST
ASSISTED LIVING SERVICES AGENCY

Assisted Living Services Agency The Saybrook at Haddam

Address 1536 Saybrook Rd

City Haddam State CT Zip Code 06438

The Inspection Materials Checklist is to be used to identify any new or revised agency materials since the last licensure inspection. Please complete as appropriate for your agency and have any materials so identified available for review.

Agency Materials	New	Revised
BY-LAWS OR RULES OF ORDER		
POLICIES/PROCEDURES		
Client Care Policies/Procedures		
o Admission		
o Assisted Living Aide Program		
o Discharge		
o Emergency		
o Administration of Medications		
o Complaint Procedure		
Nursing Service		
PERSONNEL POLICIES-for the assisted living services agency		
Orientation		
In-service education		
Required health examinations		
Annual performance evaluation policy		
Job description-supervisor of assisted living services		
Job description-assisted living aide		
QUALITY ASSURANCE PROGRAM/PLAN		
BILL OF RIGHTS		
PUBLIC INFORMATION MATERIALS		

PLEASE IDENTIFY ANY OTHER NEW MATERIALS DEVELOPED

No Changes

Supervisor of Assisted Living Services Signature:

Date: 11/22/17

ENTITY: The Saybrook at Haddam

DATE(S) OF VISIT: 11/22/17

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 72

Number of home visits: 2 Number of records reviewed: 3

SALSA: Diane Caligiuro RN

SALSA Designee: Sandra Norman RN (Retired)

Home health care contracts/contracts: 3

Name: Encompass

Address: 5145 Dixie Highway

Rocky Hill CT

Phone:

Name:

Address:

Phone:

Managed Residential Community visited:

Service Coordinator: Jeffrey Williams Es

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

Rev.7/01-

SIGNATURE: Melissa J. Sanborn 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 4, 2018

Diane Carigliano Supervisor of Assisted Living
The Saybrook At Haddam
1556 Saybrook Road, Route 154
Haddam, CT 06438

Dear Ms. Carigliano:

Unannounced visits were made to Saybrook At Haddam on November 22 and 28, 2017 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a licensing inspection .

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 September 18, 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

DATES OF VISIT: November 22 and 28, 2017

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE 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.

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

DATES OF VISIT: November 22 and 28, 2017

THE FOLLOWING VIOLATIONS 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 provided by an assisted living services agency (3) (D) and/or (k) Client service record (2) (K)

1. Based on review of the clinical record and interview with agency personnel for one of three clients (Client #2) in the survey sample, the agency failed to orient the privately hired help, and failed to oversee the ALSA aide's services. The findings include:

   a. Client #2 was admitted on 10/12/17 to the memory care unit with diagnoses that included dementia, hyponatremia, osteoporosis and macular degeneration.

      The client's service plan dated 10/12/17 indicated that the client received the services from a privately hired help during the 11:00 p.m. to 7:00 a.m. shift.

      i. Interview and review of the clinical record with the Supervisor of Assisted Living Services Agency (SALSA) on 11/28/17 failed to identify orientation of the private help to the plan of care in order to ensure safety of the services provided, and to make sure the client's needs are met;

      ii. The client's service plan dated 10/12/17 identified the need for hourly status checks (8 checks per shift) by the ALSA aides.

      Interview and review of the aide documentation with the SALSA on 11/29/17 failed to identify status checks by the ALSA aides on the 7:00 AM to 3:00 PM shift on 10/14/17 and 10/31/17, and failed to identify status checks on the 3:00 PM to 11:00 PM shift on 10/16/17;

      iii. In addition, the client service plan identified the need for total assistance with bathing, dressing, grooming, transfers, toileting every two hours, and medication reminders by the ALSA aides.

      Interview and review of the aide plan of care with the SALSA on 11/29/17 failed to identify documentation of completion of any of these tasks by an ALSA aide on the 3:00 PM to 11:00 PM. Shift on 10/16/17 and/or on 10/31/17.

The following are violations 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 (4) (C)

2. Based on review of the clinical record and interview with agency personnel, for two of three clients (Clients #1, #2 and #3) who required medication management, the agency failed to

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

ensure the assisted living service agency (ALSA) aides provided services within their scope of practice. The findings include:

a. Client #1 was admitted to the ALSA program on 09/21/14 with diagnoses that included spinal stenosis, hypothyroid and hyperlipidemia. The patient's medications included Imodium (Loperamide) 2 mg by mouth every four hours as needed for loose stools, and Acetaminophen 1000 mg by mouth every eight hours as needed for pain.

The client's service plan dated 08/02/17 identified the need for medication reminders by the ALSA aide.

Interview and review and interview of the client's medication log with the SALSA on 11/28/17 identified the transcription of "Loperamide take one tablet by mouth every four hours as needed for diarrhea," with instructions for the aides to document the medication name, the reason for the medication, the results from the medication, the aide's initials and the registered nurse (RN) approval.

The log included documentation that the ALSA aides assisted the client with the Loperamide medication on 08/03/17 at 2:45 (without specification of morning or afternoon), on 08/18/17 at 2:40 p.m. and on 11/28/17 at 5:15 a.m.

The log also included documentation that the ALSA aides assisted the client with "Tylenol (acetaminophen) 1000 milligrams (mg) every eight hours as needed for pain" twelve times in July 2017, six times in August 2017 and once in October 2017.

Interview and review of the aide medication reminder log with the SALSA on 11/28/17 indicated that the aides signed in full knowledge of the medication name, dose and frequency, and failed to indicate that the aides limited their practice to the reminder of medications, in accordance with the States regulatory guidelines.

b. Client #2 was admitted on 10/12/17 to the memory care unit with diagnoses that included dementia, hyponatremia, osteoporosis and macular degeneration.

The client's service plan dated 10/12/17 identified the need for medication reminders by the ALSA aides. The patient's medications included Alprazolam 0.25 milligrams (mg) by mouth four times a day as needed for anxiety.

Interview and review of the client's "as-needed" Controlled Drug Inventory Sheet" with the RN designee on 11/28/17 indicated that on 11/02/17 at 12:00 AM an ALSA aide assisted the client with the Alprazolam medication.

The client's "Medication Log" indicated that an ALSA aide assisted the client with "Duobneb nebulizer every six hours as needed for wheeze/shortness of breath" at 8:00 PM (no date specified), and on 11/22/17 at 7:00 AM.

DATES OF VISIT: November 22 and 28, 2017

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

Interview and review of the aide medication reminder log with the SALSA on 11/28/17 indicated that the aides signed in full knowledge of the medication name, dose and frequency, and failed to indicate that the aides limited their practice to the reminder of medications, in accordance with the States regulatory guidelines.

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (f) Personnel policies for an assisted living services agency (1) (A) (v) and/or (B) and/or (E) and/or (2) (F)

3. Based on review of personnel files, agency documentation and interview with agency personnel, for two of four assisted living services agency (ALSA) aide personnel files (the files of Aides #1 and #2) reviewed during survey, the agency failed to ensure the files were complete. The findings include:

   a. ALSA Aide #1 had a hire date of 07/25/16. Interview and review of the personnel file with the SALSA failed to identify documentation of orientation upon hire, and/or in-services for the year 2016.

   b. ALSA Aide #2 had a hire date of 07/09/15. Interview and review of the personnel file with the SALSA failed to identify documentation of orientation upon hire, in-services, an annual physical examination and/or tuberculosis screening for the year 2016.

Chris

POC Approved 12/28/18
M San Souci RN

The Saybrook at HADDAM

An Assisted Living Retirement Community

Plan of Correction – The Saybrook at Haddam
(re: November 2017 Re-Licensing Audit, revised 12/28/2018)

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (h)
Nursing Services provided by an assisted living services agency (3)(D) and or (k) Client service record (2)(K).

CORRECTIVE ACTION

i Effective December 1, 2017, A *Private Duty Staff Orientation* checklist will be maintained in the resident apartment outlining the client needs and services to be provided by the private duty staff. Private duty staff will review and sign the checklist indicating their orientation and understanding of their responsibility to meet the client needs.

MONITORING

This review will be conducted of the Orientation check lists by the Supervisor of Assisted Living Services and will continue through December 31, 2018 or achievement of 100% compliance, whichever is later. Following that date, monthly audits of the Private Duty Staff Orientation checklist will be conducted on a random 50% of the Private Duty Staff in service at that time.

ii, iii Immediately following the November relicensing audit, staff was in-serviced on the ADL check sheets and compliance. ADL sheets will be reviewed on a weekly basis for omissions and/or incomplete data. Initial review will be completed by the Wellness Administrative Assistant who will inform the SALSA of incomplete documentation; SALSA will assure that documentation is completed.

MONITORING

This review will be conducted by the Supervisor of Assisted Living Services and will continue through December 31, 2018 or achievement of 100% compliance, whichever is later. Following that date, bi-weekly audits will be conducted on a random 10 resident ADL checklists for a period of six months.

RESPONSIBLE PERSON

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

POC Approved 10/25/18
M Jan Smith RN

The Saybrook at HADDAM

An Assisted Living Retirement Community

The following are violations 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 (4)(C).

CORRECTIVE ACTION

Immediately following the November 2017 re-licensing audit, all staff received in-service training on PRN medication management. All PRN medications will be cued only with the verbal approval of nurse on duty to be followed up with nurse review and co-sign of PRN log. PRN Log entry will include proper documentation for date and time of medication cue.

MONITORING

The institution will conduct monthly reviews of the documentation. This review will be conducted by the Supervisor of Assisted Living Services. This review process will continue through December 31, 2018 or achievement of 100% compliance, whichever is later. Following that date, bi-weekly audits will be conducted on a random 10 resident PRN medication logs for a period of six months.

RESPONSIBLE PERSON

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

PoC Approved
12/28/18
M Sansone RN

The Saybrook at HADDAM

An Assisted Living Retirement Community

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105(f)
Personnel policies for an assisted living services agency (1)(A)(v) and/or (B) and/or (E) and/or (2)(F)

CORRECTIVE ACTION

Immediately following the November 2017 re-licensing audit, the agency conducted a review of all ALSA staff personnel files to assure completion of and proper recording of all orientation, on-going in-service training and annual required medical documentation. Any incomplete files were updated as needed and re-orientation and/or re-trainings was conducted to assure completeness of file documentation.

MONITORING

The institution will conduct monthly reviews of the ALSA staff files. This review will be conducted by the Wellness Administrative Assistant and reported to the Supervisor of Assisted Living Services. This review process will continue indefinitely to assure ongoing compliance.

RESPONSIBLE PERSON

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