Section 3

2017

for (18) Renewal

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Brightview on New Canaan
162 New Canaan Ave
Norwalk CT 06850
M: Same
Ph: 203-857-1836 Fax: 203-939-9384

Signature of FLIS Staff

Melissa J Santangelo RN Nurse Consultant

Licensure Category:

Assisted Living

Licensed Bed
~~Bassinet~~ Capacity: 99

Census:
58 ALSA
23 Memory Care
81

Date(s) of onsite inspection: 09/08/17, 09/19/17

Date(s) additional information obtained: 09/20/17

Personnel contacted: Gehan Daniel RN SALSA, JoAnn Panella ED

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

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

[X] See Complaint Investigation # 21612

[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 May 29, 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: Melissa J Santangelo **DATE OF REPORT:** 09/20/17

[X] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 9-26-17
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

May 30, 2018

Gehann Daniel, Supervisor of Assisted Living Services Agency
Brightview On New Canaan
162 New Canaan Avenue
Norwalk, CT 06850

Dear Ms. Daniel:

Unannounced visits were made to Brightview On New Canaan on September 19, 2017 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation with additional information received through September 20, 2017.

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 June 13, 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

DATES OF VISIT: September 8 and 19, 2017

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

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

LDN/MSS:jf

CT #21612

DATES OF VISIT: September 8 and 19, 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 (g) Supervisor of assisted living services (2)(A) and/or (B) and/or (k) Client service record (2)(H) and/or (J) and/or (K)

1. Based on review of the clinical records, staff interview and surveyor observation, for three of three clients (Clients #1, #2 and # 3) who required medication management, the Assisted Living Services Agency/ALSA failed maintain accurate and/or authentic documentation of medication administration, coordination of care with the client and family, and/or coordination of the assistance with meals. The findings include:
   a. Client #1 was admitted to the ALSA program on 02/06/16 with diagnoses that included atrial fibrillation, congestive heart failure, chronic back pain, hypertension, osteoporosis, hyperlipidemia, macular degeneration and edema.
   The client's service plan dated 05/31/17 included nursing services for medication administration. The client's medications included Fentanyl topical patch 25 micrograms (mcg) per hour every three 72 hours, and Lidocaine 5% topical patch daily for 12 hours.
   During a joint visit on 09/08/17 with registered nurse (RN) #1, the surveyor observed RN #1 removing a Lidocaine patch from the client's upper right shoulder, and applying a new Lidocaine patch to the client's upper left back.
   The surveyor also observed RN #1 remove an old Fentanyl patch from Client #1's skin, and apply a new Fentanyl patch.
      i. Interview and review of the surveyor observation with the Supervisor of Assisted Living Services Agency (SALSA) on 09/08/17 failed to identify the practice of hand hygiene by RN #1 prior to removing and/or applying the patches of Lidocaine and Fentanyl from the client's skin;
      ii. RN #1 verbalized to the surveyor on 9/8/17 that the old Lidocaine patch should have been removed the evening of 09/07/17. Interview with the SALSA on 9/8/17 and review of the surveyor interaction with the staff failed to identify conformance with the physician's orders to remove the Lidocaine patch each evening within 12 hours of application (the Lidocaine patch is applied every morning);
      iii. Interview and review of the medication administration record (MAR) with the SALSA and Licensed Practical Nurse (LPN) #1 on 09/08/17 indicated that LPN #1 signed in the MAR on 09/07/17 for removing the Lidocaine patch when in fact the Lidocaine patch applied to Client # 1's right shoulder on the morning of 9/7/17 was still found on the patient's right shoulder the following morning on 9/8/17, and failed to identify accurate and/or authentic nursing documentation of medication management;
      iv. Interview and review of the MAR with the SALSA and LPN #2 on 09/19/17 failed to identify documentation that the ALSA nurse applied a Lidocaine patch to the client's right shoulder on the morning of 09/07/17.
      LPN #2 explained that after applying the Lidocaine patch to Client # 1 on the morning of 09/07/17,
      LPN #2 was called to assist another client and omitted to sign the MAR;

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

v. The agency policy on Controlled Substances directed the counting of controlled substances between the nurse leaving the work shift and the nurse beginning the work shift.
Interview and review of Client #1's clinical record with the SALSA on 09/19/17 failed to identify documentation of a controlled substance count by two nurses every shift in accordance with the agency policy;

vi. Interview and review of Client #1's "Medication Supervision Sign Off" indicated that ALSA Aide #4 already signed in advance at 11:25 AM for medication reminders to be completed later in the afternoon at 2 PM, and failed to identify accurate and/or authentic documentation of medication reminders by the ALSA Aide;

vii. Interview and review of Client #1's service plans dated 12/02/16, 03/02/17 and 05/31/17 with the SALSA on 09/19/17 failed to identify documentation of coordination of care with the client and/or client's responsible party.

b. Client #2 was admitted to the ALSA program on 11/01/16 with diagnoses that included hypertension, osteoarthritis, osteoporosis and Vitamin D deficiency.
The service plan dated 07/01/17 identified the need for medication administration by the ALSA nurses and reminders from the ALSA aides. The client's medications included Tramadol Hydrochloride 50 mg by mouth every six hours as needed for pain.

i. Interview and review of the service plan dated 07/01/17 with the SALSA on 09/19/17 failed to identify documentation of coordination of care with Client # 2 and/or the client's responsible party;

ii. The agency policy on Controlled Substances directed the counting of controlled substances between the nurse leaving the work shift and the nurse beginning the work shift.

Interview and review of Client # 2's clinical record with the SALSA on 09/19/17 failed to identify the documentation of a controlled substance count by two nurses every shift in accordance with the agency policy.

c. Client #3 was admitted to the ALSA program on 09/15/16 with diagnoses that included Parkinson's disease, anxiety, depression, hypotension, hypertension and cognitive impairment. The service plan dated 09/19/17 identified the need for assistance with medication administration.

The client's medications include Hydrocodone-acetaminophen 5 mg-325mg by mouth three times a day as needed for pain and Alprazolam 0.25 mg by mouth three times a day as needed for anxiety.

The agency policy on Controlled Substances directed the counting of controlled substances between the nurse leaving the work shift and the nurse beginning the work shift.

Interview and review of Client #3's clinical record with the SALSA on 09/19/17 failed to identify the documentation of a controlled substance count by two nurses on every shift in

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

accordance with the agency policy.

d. Surveyor observation on 09/08/17 at 12:24 PM with the SALSA of the lunch hour in the memory care unit indicated that ALSA Aide #1 was in the kitchen area placing plated soup onto a cart and pushing the cart into the dining room, without the benefit of wearing a hair net.

Interview with the Food Service Director on 09/08/17 indicated that ALSA Aide # 1 should have been wearing a hairnet while handling food in the kitchen. The agency "Safe Food Handling" curriculum directed the use of a hair net to pull hair off the face as hair contained bacteria.

e. The surveyor observed ALSA Aide #1 serving soup to 17 clients.

ALSA Aide #2 arrived in the dining room, left, returned again and assisted ALSA Aide #1 with serving beverages. In an interview on 9/8/17 after the lunch hour, ALSA Aide #2 explained that ALSA Aide #2 started a load of laundry for a resident, and needed to finish.

ALSA Aide #3 returned from lunch break at 12:40 p.m. and all three aides served the main course and the dessert.

The surveyor observed ALSA Aide #3 assisting Client #3 with lunch, then taking Client # 3 to the bathroom in the hallway before the end of the meal for toileting.

Interview with ALSA Aides #1, 2 and 3 on 09/08/17 indicated that the ALSA aides were expected to assist with serving food, cleaning the kitchen area, taking care of the clients' needs such as toileting, during meal times.

Interview and review of the aide job description with the Executive Director (ED) and the Supervisor of Assisted Living (SALSA) on 09/19/17 indicated that serving food was included in the job description, but cleaning the kitchen area was not a job requirement for the ALSA aides.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (j) Assisted living services agency staffing requirement (1) and/or (2)

2. Based on interview with agency personnel the agency failed to appoint a registered nurse (RN) to serve in the position of RN designee. The findings include:
   a. Interview and review of the ALSA staffing pattern with the SALSA on 9/19/17 failed to identify the appointment of a registered nurse to the position of RN designee to serve in the absence of the SALSA.

Chris

POC Approved M Sari Souza RN 8/16/18

BRIGHTVIEW
SENIOR LIVING

ON NEW CANAAN

162 New Canaan Avenue, | Norwalk, CT 06850
203.857.1836 | BrightviewOnNewCanaan.com

June 19, 2018

Loan D. Nguyen M.S.N., R.N., C.

Supervising Nurse Consultant

Facility Licensing and Investigations Section

Dear Ms. Nguyen,

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 (k) Client service record (2)(H) and/or (J) and/or (K).

1. The measures that Brightview has implement to prevent the recurrence of each identified issue of noncompliance.
   a. On 09/27/2017-review hand washing policy and procedure and observe all nursing staff perform handwashing technique performed by SALSA.
   b. On 09/20/18 all nurses are to go to each residents' room with Medication Administration Record and to ensure Medication Administration Record is signed after medication has been administered. Performed by SALSA.
   c. On 09/27/2017, review will all nursing staff to carry Medication Administration Record form to every resident's room and to sign after administration of each medication performed by SALSA.
   d. Controlled Substances training with all nurses on 12/4/2017. Policy and Procedure will be changed for Controlled Substance count to take place between 2 nurses at 3PM daily. Effective 06/27/2018. Policy and Procedure to be changed by Regional Nursing Director.
   e. As per violation cited in 1., a., vi., a training review of appropriate procedure for documenting medication reminders with accuracy prior to sign off was provided to ALSA Aide #4 on 9/25/17. SALSA and/or RN Designee reviewed medication supervision and quarterly medication supervision competency with all nurses and Resident Assistants and at new hire orientation training on 10/16/17, 10/26/17 and 5/24/18. Implementation of signature on all service plan for all clients with coordination from Wellspring Village and Assisted Living Director. Scanning documentation to families who are not able to be in community to sign physically
   f. Dining Services Director trained all memory care unit staff on proper food handling on 10/5/17. All Resident Assistants in memory care unit serving and plating will be wearing hair nets and hair pull back and off the face. All assigned Resident Assistants assigned for days and evening shift will be available during meals in dining room to assist with all meals. Separate Apron will be worn by Resident Assistant to differentiate care and meals to reduce risk of cross contamination. Kitchen Staff will be responsible to plate all food for lunch and dinner. Resident Assistants will assist resident during meals. Cleaning the kitchen area for

POC Approved
M Sara Senior RN
8/6/18

all meals will be the responsibility of the kitchen staff. The memory care director provides supervision of the staff a minimum of twice daily at meal time each day. In her absence, it is supervised by the Dining Services Director or a designee such as the Senior Dining Server.

2. As per the Regulations of Connecticut State Agencies Section 19-13-D10 (j) Assisted Living Services Agency staffing requirement (1) and/or (2), an RN Designee has been hired. Heather Rueda, RN, will start on June 25, 2018. If both the SALSA and the Designee should be absent from the community at the same time, on-site RN Designee coverage will be provided by Constellation Homecare.

   To ensure all corrective measures and systemic changes are sustained; Brightview cooperate Health and Wellness Team will conduct annual quality assurance audit and SALSA will conduct quarterly chart review.

My contact information is 203-857-1836 and gdaniel@bvsl.net

Gehann Daniel R.N.

Gehann Daniel R.N., BSN
Health Service Director/SALSA
Brightview on New Canaan