2018

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

One MacDonough Place
1 MacDonough Place
Middletown CT 06457
M: Same
Ph: 860-358-5834 Fax: 860-358-5829

FLIS Staff

Melissa J San Souci RN — Nurse Consultant

Provided DPH email contact for Blast Fax

Licensure Category: OAL0039
Assisted Living

Licensed Bed
Bassinet Capacity: ____

Census: 54
No memory care unit

Date(s) of onsite inspection: 01/04/19

Date(s) additional information obtained: ____

Personnel contacted: Mary Perrotti RN SALSA

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 # ____

[√] 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 3-19-19

[ ] 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:** 01/08/19

[√] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 1-9-19
Supervisor/Title

5 Cannot

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality And Safety Branch

March 19, 2019

Mary Perrotti, Supervisor of Assisted Living Services Agency
One Macdonough Place Assisted Living Community
One Macdonough Place
Middletown, CT 06457

Dear Ms. Perrotti:

An unannounced visits was made to One Macdonough Place Assisted Living Community on January 4, 2019 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 is the violation of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which was noted during the course of the visit.

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 is to be submitted to the Department by April 2, 2019.

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

DATE(S) OF VISIT: January 4, 2019

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

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 April 2, 2019 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

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

DATE(S) OF VISIT: January 4, 2019

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 (d) Governing Authority of an Assisted Living Services Agency (4)(A) and/or (g) Supervisor of Assisted Living Services (2)(A) and/or (h) Nursing Services provided by an Assisted Living Service Agency (3) (C) and/or (D) and/or (k) Client Service Record (I).

1. Based on review of the clinical record and interviews with agency personnel for one of two clients (Client #2) with the diagnosis of hypertension, the Assisted Living Service Agency (ALSA) nurse failed to timely notify the physician of a significant change in the client's condition. The findings include:

    a. Client #2 was admitted to the ALSA services on 09/30/12 with diagnoses that included hypertension, depression, glaucoma, hyperthyroidism and atrial fibrillation.

    The client's service plan dated 09/03/18 identified the need for nursing services for medication administration and ALSA aide services for assistance with activities of daily living.

    On 9/10/18 at 10 A.M., the ALSA nurse documented a blood pressure of 157/79 mmHg for Client # 2.

    The 120-day assessment dated 12/11/17 identified a blood pressure of 136/89mmHg.

    Interview and review with the Supervisor of Assisted Living Services Agency (SALSA) on 01/04/19 of a 120-day assessment by Registered Nurse (RN) #1 dated 04/15/18 identified a blood pressure of 163/103mmHg on the client's right arm, then thirty minutes later a blood pressure of 149/100mmHg on the client's right arm and 120/96mmHg on the client's left arm was. RN #1 further documented a plan to recheck the client's blood pressure in the morning and notify the physician if the blood pressure readings remained elevated.

    i. Interview and review of the nursing documentation with the SALSA on 01/04/19 at 2:00 PM failed to identify documentation of a nursing assessment of the client's blood pressure the following day 4/16/18 as planned, and failed to identify notification to the family or the physician of the significantly elevated blood pressure readings.

    The ALSA policy entitled "Notification of Change in Resident Status" directed the RN to ensure "prompt" notification to the physician and responsible appropriate family member of a significant change in condition;

    b. Interview and review of a nursing note dated 04/24/18 with the SALSA on 01/04/19 at 2:00 p.m. indicated that the client was slightly more confused and tired with elevated

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blood pressure readings documented by RN #1 of 184/100mmHg and 158/102mmHg when rechecked, and failed to identify timely notification to the family and the physician of the elevated blood pressure readings until 4/25/18, ten days after the client exhibited significant changes in the blood pressure values on 4/15/18.

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One McDonough Chris

Middlesex Health
Senior + Assisted Living
at One MacDonough Place

BC accepted 4-8-19 LNguyen

Fax Cover Sheet

To: Loan Nguyen

From: Jennifer Cavallaro, MS, LNHA, CDP
Executive Director

Date: April 5, 2019

Re: DPH Assisted Living Survey – 01/04/2019

Dear Loan,

Attached please find amended plan of correction.
Look forward to hearing from you.

Many thanks,
Jennifer

Scanned 4/9/19

POC accepted 4-8-19 LNguyen

Middlesex Health
Senior + Assisted Living
at One MacDonough Place

April 5, 2019

Loan Nguyen, MSN, RN, C
Supervising Nurse Consultant
Facility Licensing & Investigations Section
CT State Department of Public Health
PO Box 340308
Hartford CT 06134

Re: One MacDonough Place
Assisted Living Licensure Survey
January 4, 2019

Dear Ms. Nguyen:

The following is an amended Plan of Correction in response to your letter of March 19, 2019 and email of April 5, 2019.

1 Section 19-13-D 105(d) Client service record (I) – "Based on clinical record review and interview with agency personnel for one of two clients (Client # 2) with the diagnosis of hypertension, the ALSA nurse failed to timely notify the physician of a significant change in the client's condition."

The plan of correction includes:

1. **Corrective Measure:** All Assisted Living Services Nurses (ALSA) will notify the physician and family of any significant change in the client's condition in a prompt manner.

   A. All nurses were educated on rechecking BP, as well documenting plan and additional follow-up, as required.

   B. All nurses were educated on notifying physician and documentation of any significant change in the client's condition by the SALSA.

loc accepted 4-8-19 (Nguyen)

C. The ALSA nurse will maintain a daily log of the residents and any change in condition. The report will be submitted daily to the SALSA for her review and to ensure the physician and family are notified of any change in resident condition.

D. The SALSA will randomly audit Assisted Living Records according to the monitoring plan below.

E. The SALSA will review the daily log on Monday, Wednesday and Friday. In her absence, the Designee will review the daily logs.

2. **Date of corrective measure:** March 19, 2019

3. **Monitoring plan:**
   A. 25% of the Assisted Living total census will be reviewed weekly until 90% compliance is reached and maintained for two consecutive weeks.
   B. 15% of the Assisted Living total census will be reviewed weekly until 95% compliance is reached and maintained for two consecutive weeks.
   C. 5% of the Assisted Living total census will be reviewed weekly until 100% is reached and maintained for four consecutive weeks. At which time, the monitoring will be complete.

4. **Person responsible for ensuring compliance:** Supervisor of Assisted Living Services. In her absence, the Designee will be responsible.

We look forward to hearing back from you regarding the acceptance of our plan of correction. Should you have any questions, please do not hesitate to call me or Mary Perrotti, Supervisor of Assisted Living Services. We may be reached at 860-358-5800.

Respectfully,

Jennifer

Jennifer S. Cavallaro, MS, LNHA, CDP
Executive Director

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DEPARTMENT OF PUBLIC HEALTH

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Loan D Nguyen

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Supervising Nurse Consultant
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