2016

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

DHSR #13a

Page 1 of ____

LICENSING INSPECTION REPORT

Name and Address of Entity

The Greens at Greenwich
1155 King St
Greenwich CT 06831
FAX
203-531-5500 / 203 531 1224

Signature of DHSR Staff

Melissa J SanSouci RN Nurse Consultant

Licensure Category: Assisted Living Services Agency

Licensed Capacity : 32 (all memory impaired) Census : 28

Licensed Capacity : _____ Census : _____

Date(s) of Onsite Inspection : 1/22/16, 1/26/16 (no Independent living)

Date(s) Additional Information Obtained: _____

Personnel Contacted: Teresa Morris, RN, Salsa, Maria Scarpa Mercado Executive Director

REVIEW/FINDINGS/PROCESS (complete all applicable)

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

[ ] Revisit for the Purpose of _____

[ ] See Complaint Investigation # _____

[ ] See Reportable Event Investigation # _____

[ ] See Certification file.

[X] 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.

[ ] 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 Melissa J SanSouci RN **DATE OF REPORT** 3/2/16

[X] Approval for Issuance of License granted by : Loan Nguyen 6-15-16
Supervisor / Title **Date**

ENTITY: The Grand at Greenwich

DATE(S) OF VISIT: 1/22/16

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 28

Number of home visits: 4 Number of records reviewed: 4

SALSA: Teresa Morris RN

SALSA Designee: Deborah Moeller RN

Home health care contracts/contracts:

Name: Connecticut Home Care

Address:

Phone:

Name: Greenwich Hospital Hospice

Address:

Phone:

Managed Residential Community visited: Or

Service Coordinator: Patricia Castro, social worker

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

Rev.7/01

SIGNATURE: Melissa J Sansone RN

DEPARTMENT OF PUBLIC HEALTH
HOSPITAL AND MEDICAL CARE DIVISION

INSPECTION MATERIALS CHECKLIST
ASSISTED LIVING SERVICES AGENCY

Assisted Living Services Agency The Greens at Greenwich

Address 1155 King Street

City Greenwich State CT Zip Code 06831

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 – need orientation to Care		
o Discharge		
o Emergency		
o Administration of Medications – Write protocols		
o Complaint Procedure – need Chart-Sheet/form		
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 Will need to reinstitute Policies already in Place as well as revamp present policies to assure Compliance to State regulations

Supervisor of Assisted Living Services Signature: [signature]

Date: 1/26/10

0200N/3

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

June 24, 2016

Teresa Norris, Supervisor of Assisted Living Services
The Greens At Greenwich
1155 King Street
Greenwich, CT 06831

Dear Ms. Norris:

Unannounced visits were made to The Greens At Greenwich on January 22 and 26, 2016 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 July 7, 2016 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

Please address each violation with a prospective plan of correction which includes the following components within fourteen days of the date of this letter:

1. Measures to prevent the recurrence of the identified violation, (e.g., policy/procedure, inservice program, repairs, etc.).

2. Date corrective measure will be effected.

3. Identify the staff member, by title, who has been designated the responsibility for monitoring the individual plan of correction submitted for each violation.

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

LDN:jf

Connecticut Department of Public Health

Phone: (860) 509-7400 • Fax: (860) 509-7543
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

DATE(S) OF VISIT: January 22 and 26, 2016

THE FOLLOWING VIOLATION(S) 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 service agency (3) (C) and/or (D) and/or (k) 19-13-D105 Client service record (2) (H).

1. Based on clinical record review, observation and staff interview, for two of three clients (Clients #1 and #4) who received services from multiple agencies, the Assisted Living Services Agency (ALSA) failed to document coordination of the care between the agencies in order to meet the client's needs. The findings include:
   a. Client #1 was admitted to ALSA services on 03/31/14 and diagnoses that included Alzheimer's Dementia with psychosis and a history of breast cancer.

      The client service record (CSR) dated 12/27/15 identified an alteration in cognition, the need for medication administration, assistance with activities of daily living and services from a privately hired aide 24 hours a day (provided in two 12-hour shifts).

      Interview with the private aide on 01/26/16 at 12:50 p.m. indicated that the private aide received orientation from the unlicensed staffing agency, but failed to indicate that the ALSA staff oriented the private aide to the client's plan of care.

      Interview and review of the clinical record with the Supervisor of Assisted Living Services Agency (SALSA) on 01/26/16 at 12:45 a.m. failed to identify orientation of the private aide to the client's plan of care in order to meet the client's needs.
   b. Client #4 was admitted to ALSA services on 11/02/15 with diagnoses that included dementia, depression, cardiomyopathy, hypertension, atrial fibrillation, congestive heart failure, coronary artery disease, gastroesophageal reflux disease, benign prostatic hypertrophy and gout.

      The client service record (CSR) dated 11/02/15 identified the need for medication reminders and assistance with activities of daily living from the ALSA aides, monthly nursing health assessments from the ALSA nurse, physical therapy (PT) and occupational therapy (OT) services from a home health agency.

      Interview and review of the clinical record with the Supervisor of Assisted Living Services (SALSA) on 01/26/16 at 2:00 p.m. identified a memo of understanding (MOU) dated 11/07/15 between the ALSA and the home health agency providing OT services, but failed to identify a written agreement between the ALSA and the home health agency providing PT services, to delineate responsibilities and direct ongoing coordination of care.

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

DATE(S) OF VISIT: January 22 and 26, 2016

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

2. Based on clinical record review, observation and staff interview, for two of six clients (Clients # 1 and #4) in the survey sample, the SALSA failed to ensure the quality of nursing services. The findings include:
   a. Client #1 was admitted to ALSA services on 03/31/14 and diagnoses that included Alzheimer's Dementia with psychosis and a history of breast cancer.

      The client service record (CSR) dated 12/27/15 identified an alteration in cognition, the need for medication administration, assistance with activities of daily living and services from a privately hired aide 24 hours a day (provided in two 12-hour shifts).
      Interview and review of the clinical record with the Supervisor of Assisted Living Services (SALSA) on 1/26/16 at 12:45AM failed to identify the development and/or update of the plan of care for the period of 09/30/15 to 12/26/15.
   b. Client #4 was admitted to ALSA services on 11/02/15 with diagnoses that included dementia, depression, cardiomyopathy, hypertension, atrial fibrillation, congestive heart failure, coronary artery disease, gastroesophageal reflux disease, benign prostatic hypertrophy and gout.
      The client service record (CSR) dated 11/02/15 identified the need for medication reminders and assistance with activities of daily living from the ALSA aides.
      The client's medications included Coreg 6.25mg by mouth twice a day, Vitamin C by mouth twice a day, Ferrous Sulfate by mouth three times a day, and Oyster Shell Calcium 500mg by mouth twice a day.
      On 01/22/16 during a joint home visit with ALSA Aide #1 at 1:00 p.m. the surveyor observed that the medications pre-poured for Saturday 01/23/16 were placed in the evening and night slots, but were missing from the morning and noon slots.
      Interview with the Supervisor of Assisted Living Services (SALSA) on 01/22/16 at 1:30 p.m. indicated that the client routinely left to visit a family member every weekend and was given medications out of the medi-planner to take along, however review of the plan of care failed to identify documentation of the client's pattern of going out with family every weekend, with medications packed for the weekend outing.

The following is a violation 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 (D) and/or (E) and/or (2) (E) and/or (F).

3. Based on review of personnel files, agency documentation and interview with agency personnel, for four of four personnel files (the files of ALSA Aides #1, #2 and 3 and of the Supervisor of Assisted Living Services Agency/SALSA), the agency failed to ensure the required documents were included in the personnel files. The findings include:
   a. Aide #1 had a date of hire of 08/24/04. Interview and review of the personnel file with the Director of Human Resources on 01/26/16 at 2:00 p.m. failed to identify documentation of tuberculin testing, a physician statement that the aide was free from communicable disease prior to assignment to client care, failed to identify a job description, an orientation and a

DATE(S) OF VISIT: January 22 and 26, 2016

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

minimum of six hours of in-service annually for the years 2014 and 2015.

b. Aide #2 had a date of hire of 06/20/15. Interview and review of the personnel file with the Director of Human Resources on 01/26/16 at 2:00 p.m. a.m. failed to identify documentation that the aide was free from communicable disease prior to assignment to client care, failed to identify an orientation and a minimum of six hours of in-service annually for the year 2014.
c. Aide #3 had a date of hire of 10/15/15. Interview and review of the personnel file with the Director of Human Resources on 01/26/16 at 2:00 p.m. and failed to identify documentation of orientation.
d. The SALSA had a date of hire of 10/01/15. Interview and review of the agency policies and the personnel file with the Director of Human Resources on 01/26/16 at 2:00 p.m. failed to identify documentation of a current nursing license, a job description for Supervisor of Assisted Living Services Agency, the results of the tuberculin testing planted on 09/22/15, a date, physician signature and outcome for the physical examination.

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

DHSR #13a

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203-531-5550 / FAX 203 531 1224

Signature of DHSR Staff

Melissa J San Simon RN Nurse Consultant

Licensure Category:
Assisted Living Services Agency

Licensed Capacity : 32 (all memory impaired) Census : 28

Licensed Capacity : _____ Census : _____

Date(s) of Onsite Inspection : 1/22/16, 1/21/16 (no Independent living)

Date(s) Additional Information Obtained: _____

Personnel Contacted: Teresa Nonis, RN, Supervisor, Maria Scarsa Mercado Executive Director

REVIEW/FINDINGS/PROCESS (complete all applicable)

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[ ] Revisit for the Purpose of _____

[ ] See Complaint Investigation # _____

[ ] See Reportable Event Investigation # _____

[ ] See Certification file.

[X] 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 6/24/2016

[ ] Citation # _____ was issued to this facility as a result of this inspection.

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[ ] 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 Melissa J San Simon RN DATE OF REPORT 3/2/16

[X] Approval for Issuance of License granted by : Loan D Nguyen 6-15-16
Supervisor / Title Date

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

June 24, 2016

Teresa Norris, Supervisor of Assisted Living Services
The Greens At Greenwich
1155 King Street
Greenwich, CT 06831

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Respectfully,

Loan Nguyen

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

LDN:jf

Connecticut Department of Public Health

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DATE(S) OF VISIT: January 22 and 26, 2016

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      Interview with the Supervisor of Assisted Living Services (SALSA) on 01/22/16 at 1:30 p.m. indicated that the client routinely left to visit a family member every weekend and was given medications out of the medi-planner to take along, however review of the plan of care failed to identify documentation of the client's pattern of going out with family every weekend, with medications packed for the weekend outing.

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3. Based on review of personnel files, agency documentation and interview with agency personnel, for four of four personnel files (the files of ALSA Aides #1, #2 and 3 and of the Supervisor of Assisted Living Services Agency/SALSA), the agency failed to ensure the required documents were included in the personnel files. The findings include:
   a. Aide #1 had a date of hire of 08/24/04. Interview and review of the personnel file with the Director of Human Resources on 01/26/16 at 2:00 p.m. failed to identify documentation of tuberculin testing, a physician statement that the aide was free from communicable disease prior to assignment to client care, failed to identify a job description, an orientation and a

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

minimum of six hours of in-service annually for the years 2014 and 2015.

b. Aide #2 had a date of hire of 06/20/15. Interview and review of the personnel file with the Director of Human Resources on 01/26/16 at 2:00 p.m. a.m. failed to identify documentation that the aide was free from communicable disease prior to assignment to client care, failed to identify an orientation and a minimum of six hours of in-service annually for the year 2014.
c. Aide #3 had a date of hire of 10/15/15. Interview and review of the personnel file with the Director of Human Resources on 01/26/16 at 2:00 p.m. and failed to identify documentation of orientation.
d. The SALSA had a date of hire of 10/01/15. Interview and review of the agency policies and the personnel file with the Director of Human Resources on 01/26/16 at 2:00 p.m. failed to identify documentation of a current nursing license, a job description for Supervisor of Assisted Living Services Agency, the results of the tuberculin testing planted on 09/22/15, a date, physician signature and outcome for the physical examination.

POC Approved 9/20/16 M San Souci RN

The Greens at Greenwich Plan of Correction
Revised 8/30/2016

1. Section 19-13-D105(h) Nursing Services provided by an assisted living service agency (3) © and/or (D) and/or (k) 19-13 D105 Client Service record (2) (H)

a. Plan of Correction:

*Orientation policy in place for Private Duty Aides in the community. (See Orientation packet attached).
*Orientation includes review of client's plan of care.
*The orientation packet is signed by the PDA at the time of orientation and kept in a binder in the Wellness Office.
*In service to orient new policy was given to licensed nursing staff.
*In service to existing private duty aides provided immediately.
*Monitoring to be done monthly. Changes reflected in new care log and reviewed with PDA staff if indicated.
Responsible Party: SALSA Nurse
Date of Implementation: 2/1/16

b. Plan of Correction:

*Memo of Understanding between the ALSA and the Home Health Care
*Agency providing services is signed by Home Care Agency nurse and admitting nurse or the nurse on duty at the time of admission. A copy of the MOU is kept in the corresponding binder for the Home Health Care Agency in the Wellness office. Documentation delineating responsibilities and direct coordination of care will be outlined in MOU and resident's plan of care.
*Monitoring of updated MOU upon review of care plan every 120 days.
Responsible Party: SALSA Nurse
Date of Implementation: Immediate

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

a. Plan of Correction:

Client #1 plan of care reviewed and updated to reflect resident's current status and care needs. Responsible parties are contacted when there is a change in status and at the time of a new 120 day certification period to review and discuss any resident care needs. A clear schedule for resident care reviews are in place assuring continuity of care and documentation.
Responsible Party: SALSA Nurse
Date of Implementation: Immediate

b. Plan of Correction:

*Client #4 plan of care reflects the resident's pattern of going out with family overnight on weekends, with medications provided for the weekend outing.
*Responsible parties taking out residents will be given the entire planner as opposed to individual doses being removed. This will insure that doses are not compromised.
*A form has been put into place which is filled out and signed by the nurse releasing the medications and the responsible party accepting them. The form is also signed

POC Approval 9/20/16 M San Simeon RN

by both parties upon the resident's return after planners have been checked for accuracy of administration. The form is filed in the resident's permanent record.

- Inservice provided to licensed nursing staff.
- Monitoring monthly before filing into residents' permanent record to ensure 98% compliance.
- Policy to be included in quarterly QA review.
- Policy to be reviewed with new nursing staff in orientation.

Responsible Party: SALSA
Date of Implementation: 1/26/16

3. Section19-13-D105 (f) Personnel policies for an assisted living service agency (1) (A) (v) and/or (D) and/or (E) and/or (2) (E) and/or (F)

a. Plan of Correction:

Aide#1 is now current with medical exams and tests required. Documentation stating staff member is free of communicable diseases is filed.*/**
Each employee has a chart in the Wellness Office with their current physical exam in it.
A job description has been given.
Responsible Party: SALSA Nurse, HR Coordinator
Date of Implementation: 2/01/16

b. Plan of Correction:

Aide #2 has received a PPD and is free of communicable disease.** Staff member was a recent hire during survey and has since completed annual six hour in-service education required. *
Responsible Party: SALSA Nurse, HR Coordinator
Date of Implementation: 2/01/16

c. Plan of Correction:

Aide #3 has been with the facility for over 10 years. Original orientation was not in file.*** SALSA has reviewed and signed off on staff member's competency which is now on file.**
Responsible Party: SALSA Nurse, HR Coordinator
Date of Implementation: 2/01/16

d. Plan of Correction:

Documentation of licensure of SALSA is in place. A job description has been given to employee and medical exam and tests have been updated. **
Responsible Party: SALSA Nurse, HR Coordinator
Date of Implementation: Immediate

Monitoring of HR charts will be done quarterly so as to ensure 98% compliance.

**Upon yearly reviews, in-service education hours will be reviewed. If employee is short of hours, it will be noted on their review and workshops will be put into place for them to complete.*

***We have implemented a tickler list which is kept in the Administrative office identifying when each employee is due for a physical. A notice will be given to them by the HR Administrator one month in advance prior to the expiration of the exam.*

POC approved 9/23/16

Employees will not be permitted to work in the facility without an updated PPD. Employees that have a positive PPD result will referred to their PCP for follow up and a recommendation provided by the employee's physician.

****A tickler system has been implemented in each employee record to confirm that all pre-employment and orientation requirements have been fulfilled prior to active employment at The Greens at Greenwich.*

***** All of the above corrections will have a corresponding policy available in the policy and procedure and will be incorporated into the training of new hires and addition to inservices that have already taken place as a result of these findings.*

******Quarterly Q/A meeting will monitor compliance of these corrections*

Signed: Teresa Norris RN 9/20/16

Teresa Norris-RN-SALSA