STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality And Safety Branch

August 22, 2023

James Tedone, Executive Director
Suffield By The River
7 Canal Road
Suffield, CT 06078
Via Email: jtedone@suffieldriver.com

Dear Mr. Tedone:

An unannounced visit was made to Suffield By The River on July 18, 2023, by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a Complaint Investigation Survey.

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. The state violations cannot be edited by the provider in any way.

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 September 1, 2023.

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.

DATE(S) OF VISIT: July 18, 2023

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

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 may be subject to disciplinary action.

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 September 1,, or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

We do not anticipate making any practitioner referrals at this time.

Please return a **copy** of the original violation letter, along with the Plan of Correction and response, to Elizabeth Heiney, Supervising Nurse Consultant, at Elizabeth.Heiney@ct.gov. Please direct your questions concerning the instructions contained in this letter to Elizabeth Heiney directly at (860) 509-8059. Please do not send another copy via US mail.

Respectfully,

/s/

Elizabeth Heiney, B.S., R.N., B.C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

EH:csf

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Complaint #34869

DATE(S) OF VISIT: July 18, 2023

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 D19-13-D105 (m) Client Rights (f) Personnel policies for an assisted living services agency (B) (C) (E).

1. Based on clinical record reviews, interviews with agency personnel and agency policies for one of three clients in the survey sample (Client #1) who depended on the Assisted Living Services Agency (ALSA) for assistance with activities of daily living, medication management and nursing assessments. The agency failed to ensure a client's safety, failed to notify law enforcement of an abuse allegation, failed to document a Registered Nurse (RN) assessment was conducted following abuse allegations and failed to update the Clients' service plans with interventions to minimize the potential for harm. The findings included:

   a. Client #1 was admitted to the agency on 04/21/2023 to the secured memory care unit with diagnosis of dementia, heart disease, and type II diabetes. The Client's service plan dated 04/25/2023 identified the Client required nursing assessments, medication administration, assistance with dressing, bathing, and toileting.

      Interview and review of Client #1's clinical record and incident report dated 07/01/2023 with the Supervisor of Assisted Living Services Agency (SALSA) and Executive Director on 0718/2023 at 09:25 AM, identified on 07/01/2023 at 09:45 AM ALSA aide #2 and Housekeeper #1 observed ALSA aide #1 yelling at and pulling Client #1 by the arm down the hallway, then pushing the Client into his/her apartment. Client #1 was then observed on the floor by Housekeeper #1. Licensed Practical Nurse (LPN) #1 reported the incident to the SALSA and ALSA aide #1 was suspended on 07/01/2023. As a result of the agency's investigation, ALSA aide #1 was terminated on 07/02/2023.

      Interview with Housekeeper #1 on 07/18/2023 at 10:00 AM, identified on 07/01/2023 at 09:45 AM she observed ALSA aide #1 yelling at and pulling the Client down the hallway. Housekeeper #1 observed ALSA aide #1 push the Client into his/her apartment and observed the Client on the floor. Housekeeper #1 reported the incident to LPN #1.

      Interview with ALSA aide #2 on 07/18/2023 at 10:35 AM, identified on 07/01/2023 at 09:45 AM she observed ALSA aide #1 yelling at and pulling Client #1 by the arm down the hallway. ALSA aide #2 identified she notified LPN #1 of the incident.

      Interview with LPN #1 on 07/18/2023 at 10:56 AM, identified on 07/01/2023 around 09:45 AM, ALSA aide #2 and Housekeeper #1 identified ALSA aide #1 yelled at and pulled Client #1 down the hallway to his/her apartment. Additionally, Housekeeper #1 identified observing the Client on the floor. On 07/01/2023, LPN #1 notified the SALSA, the Client's responsible person and physician of the incident.

DATE(S) OF VISIT: July 18, 2023

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

Interview with the SALSA on 07/18/2023 at 1:10 PM, failed to identify law enforcement was notified of abuse allegations, failed to conduct a Registered Nurse (RN) assessment following abuse allegations and failed to update the Clients' service plans with interventions to minimize the potential for harm.

Review of the agency's policy for Abuse, identified any complaint, observation or suspicion of client abuse would be thoroughly investigated and reported. When any allegations of abuse of a client was observed, reported, or suspected by any associate, the following would be implemented: Notification of supervisors/designees or Executive Director, assess the client, suspend the associate pending investigation and conduct an investigation. The Executive Director would assume responsibility for the investigation.

Plan of Correction for Violation #1:

Accepted 11/2/23
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Healthcare Quality and Safety Branch,

An unannounced visit was made to Suffield by the River on July 18, 2023 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a Complaint Investigation Survey. The Complaint Investigation Survey was in response to a report, provided by Suffield by the River. Suffield by the River will provide this plan of correction to correct deficiencies for all future similar incidents.

Violation

Based on clinical record reviews, interviews with agency personnel and agency policies for one of three clients in the survey sample (Client #1) who depended on the Assisted Living Services Agency (ALSA) for assistance with activities of daily living, medication management and nursing assessments. The agency failed to ensure a client's safety, failed to notify law enforcement of an abuse allegation, failed to document a Registered Nurse (RN) assessment was following abuse allegations and failed to update the Client's service plans with interventions to minimize the potential for harm.

Suffield by the River will implement the following measures to prevent recurrence of each identified issue of noncompliance.

1. Failed to ensure a client's safety.
    a. Suffield by the River has a robust training program for all employees. Suffield by the River will hold an in-person training with Wellness staff to debrief about the incident, discuss de-escalation techniques, and the need for immediate intervention. Our staff will have the knowledge and skills to intervene immediately upon behavior deemed "not right" or "suspicious".
2. Failed to notify law enforcement.
    a. Suffield by the River would like to speak with a representative from the Department of Health to clarify this deficiency according to posted regulations.
3. Failed to document a Registered Nurse (RN) assessment following abuse allegations.
    a. Suffield by the River will complete in-person training with all (RN) employees regarding the need for an assessment to be completed following abuse allegations.
4. Failed to update the Client's service plans with interventions to minimize the potential for harm.
    a. Suffield by the River will complete in-person training with all (RN) employees regarding an update to a client's service plan following abuse allegations.

Suffield by the River will complete all necessary measures written in the plan of correction by the following dates.

1. 9/15/2023
2. TBD
3. 9/1/2023
4. 9/1/2023

Suffield by the River will institute a plan to monitor its completed measures to ensure ongoing systematic change.

Accepted By me
11/2/23

1. Suffield by the River will require a sign in sheet for all trainings discussed in the above measures. On a quarterly basis and/or times of future reportable incidents, previous deficiencies identified by the Department of Public Health will be utilized as training tools for best and required practices.

Jim Tedone, Executive Director at Suffield by the River is the staff member responsible for ensuring the institution's compliance with the plan of correction.