

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

October 5, 2023

Lori Lofgren, Executive Director
Maplewood At Southport
917 Mill Hill Terrace
Southport, CT 06890
Via e-mail: southported@maplewoodsl.com

Dear Ms. Lofgren:

An unannounced visit was made to Maplewood At Southport on September 7, 2023 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation.

Attached is a 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 October 15, 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



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

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Maplewood At Southport

Page 2

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 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 October 15, 2023 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

Please return your 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.

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

Respectfully,

Elizabeth T. Heiney B.S. R.N., B.C.

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

ETH:lst

c. VL

Complaint CT #35610

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (e) General requirements for an assisted living services agency (1).

1. Based on interviews with agency personnel, review of agency documentation and clinical records, the agency failed to employ a part-time Infection Preventionist in accordance with the Substitute House Bill No. 5500 Public Act No. 22-58 and failed to maintain an infection control measure. The findings included:
 - a. Tour of the agency on 09/07/2023 at 10:45 AM with the Regional Director of Clinical Services, identified the agency had a total capacity of ninety-eight (98) with a current census of ninety-one (91) clients. The secure memory care unit had a current census of thirty-two (32) clients. A tour of the first-floor kitchen identified a door was propped open to the outside while staff prepared food, used sinks and a dishwasher. Subsequent to the surveyor's observation, the staff closed the door.
 - b. Client #1 was admitted to the Assisted Living Services Agency (ALSA) on 07/18/2019 and resided in the secure memory care unit with diagnosis of dementia, anxiety, and cardiac disease. Client #1's service plan dated 06/29/2023 identified the Client required nursing assessments, medication administration and assistance from ALSA aides for dressing, hygiene, grooming, showering and toileting.
 - c. Client #2 was admitted to the ALSA on 11/11/2019 and resided in the secure memory care unit with diagnosis of dementia, high blood pressure, and osteoporosis. Client #2's service plan dated 03/26/2023, identified the Client required nursing assessments, medication administration and assistance from a private duty caregiver for dressing, hygiene, grooming, showering and toileting.
 - d. Interview with the Regional Director of Clinical Services and Supervisor of Assisted Living Services Agency (SALSA) on 09/07/2023 at 1:00 PM, identified on August 13, 2023, Kitchen Staff #1 was hospitalized with a diagnosis of Legionella (a bacteria which occurs in water systems causing illness). Client #1 was hospitalized with a diagnosis of Legionella on 08/19/2023 and Client #2 was hospitalized with a diagnosis of Legionella on 09/03/2023. Additionally, the SALSA identified the Registered Nurse (RN) Designee as the infection preventionist but was on a leave of absence since June 2023. During the RN Designee's absence, the agency failed to employ a part-time infection prevention and control specialist. Public act No 22-58 indicated a dementia special care unit with more than sixty residents would employ a full-time infection prevention and control specialist and a dementia special care unit with sixty clients or less would employ a part-time infection prevention and control specialist.

Plan of Correction to Violation #1:

MAPLEWOOD

Senior Living

Accepted 11/2/23
ms

October 12, 2023

By Email to Elizabeth.Heiney@ct.gov

Ms. Elizabeth Heiney
Supervising Nurse Consultant
Facility Licensing and Investigations Section
State of Connecticut
Department of Public Health
410 Capitol Avenue
P.O. Box 340308
Hartford, CT 06134

**Re: Maplewood at Southport ALSA, LLC/Maplewood at Southport, LLC
Connecticut Department of Public Health Complaint No. 35610 – Plan of Correction**

Dear Ms. Heiney:

This letter is in response to your letter dated October 5, 2023 regarding Maplewood at Southport ALSA, LLC (the "ALSA"), the licensed provider of assisted living services at Maplewood at Southport, an assisted living community (the "Community") operated by Maplewood at Southport, LLC (the "Operator"), located in Southport, Connecticut. This letter does not constitute an admission that the law has been violated as alleged in the letter, that the facts as alleged in the letter are true, or of any other wrongdoing. Rather, this letter is set forth as a comprehensive Plan of Correction for the following alleged violations of the Regulations of Connecticut State Agencies and/or the General Statutes of the State of Connecticut which were noted during a visit by you on September 7, 2023.

1. Violation of the Regulations of Connecticut State Agencies Section 19-13-D105(e) General Requirements for an Assisted Living Services Agency: Failure to Employ a Part-Time Infection Preventionist in Accordance with the Substitute House Bill No. 5500 - Public Act No. 22-58 and Failed to Maintain an Infection Control Measure.

A. Measures to Prevent Re-Occurrence:

1. At the time of your visit, Diane Pimentel ("Pimentel") was the Community SALSA, and Kayla Duvall ("Duvall") was the Community Registered Nurse (RN) Designee and part-time infection prevention and control specialist ("Infection Preventionist" or "Specialist"). Duvall was out on leave, and Pimentel, who was certified as an Infection Preventionist, temporarily assumed the role of Infection Preventionist in Duvall's absence.

Maplewood Senior Living	Phone: 203.557.4777
One Gorham Island	Fax: 203.557.4783
Westport, Connecticut 06880	www.maplewoodseniorliving.com

MAPLEWOOD

Senior Living

Accepted me

#11/2/23

By email on September 12, 2023 we sent you all up-to-date monthly in-services completed at the Community by Duvall and Pimentel as evidence that there were no interruptions in the infection control program while Duvall was on leave. During your visit you advised us that under House Bill No. 5500 - Public Act No. 22-58 (the "Public Act"), the Infection Preventionist role cannot be assigned to a SALSA. Since your visit, Pimentel has resigned as a Maplewood employee; Duvall is now the Community SALSA; and the position of Community RN Designee is filled by Patrien Pinnock ("Pinnock"). Pinnock completed the infection preventionist course on October 6, 2023, and is currently certified and has assumed the position of Infection Preventionist at the Community. Finally, the Community is attempting to identify another Community employee who can become a certified infection prevention and control specialist by November 30, 2023, so that an individual other than the SALSA can, if necessary, act as a Specialist if the position becomes open. If the Community is unsuccessful in such endeavor, or if for any other reason the Community does not have in the building a back-up Infection Preventionist when the position becomes open, then the Community may utilize the services of an individual who is also then serving as a part-time infection prevention and control specialist at another Maplewood assisted living community.

B. Date of Corrective Action Plan ("CAP"):

The corrective action as indicated above was completed by October 6, 2023, except for (i) identification of another individual who can become a certified infection prevention and control specialist by November 30, 2023, and (ii) on-going monitoring.

C. Plan to Monitor/Audit:

1. At least once per month for a period of three (3) months, the Regional Director of Resident Services will audit the completion of monthly infection prevention in-services. The Regional Director of Resident Services will ensure during the audit visits that the role of Infection Preventionist at the Community continues to be fulfilled by a certified infection prevention and control specialist who is not the SALSA.
2. During a calendar year, at least one of the monthly infection prevention in-services in the Community will be on the topic of Legionella, and Legionella causing illness.

MAPLEWOOD

Senior Living

Accepted By me
11/2/23

D. Staff Member Responsible for Monitoring the Plan of Correction:

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

Should you have any questions, please contact me at (203) 204 3012.

Respectfully submitted by,



Kayla Duvall, RN
Supervisor of Assisted Living Services Agency
Maplewood at Southport ALSA, LLC

CP:aa

cc: Shane Herlet (by email)
David Cahill (by email)
Arthur E. Miller (by email)
Constantin Popescu (by email)
Cristina Deguzman (by email)
Eileen Duggan (by email)
Laurie Lofgren (by email)