STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch
AMENDED*

January 17, 2024

Jessica Carlson
Kindcare Assisted Living Of Bristol
483 North Main Street
Bristol, CT 06010
Via Email: jcarlson@kindcarebristol.com

Dear Ms. Carlson:

An unannounced visit was made to Kindcare Assisted Living Of Bristol on December 22, 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 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 January 27, 2024. Please include your agency Plan of Corrections along with the "original Violation Letter" and return within 10 days.

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 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 January 27, 2024 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 via email 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.

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

Elizabeth T. Heiney SNC

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

EH/mdf

c. VL
Complaint #36858

Poc accepted
1/30/24 - mes

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (e) General requirements for an assisted living services agency (1) (g) Supervisor of assisted living services (2) (A) (B) and/or (m) Client's bill of rights and responsibilities (5).

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 and failed to immediately report an abuse allegation to agency administrative personnel in accordance with the agency's policy. The findings included:

    a. Client #1 was admitted to the agency on 10/27/2023 with diagnosis of dementia with behavioral disturbances, high blood pressure, osteoarthritis, and dehydration. The Client's change in condition service plan dated 11/30/2023, identified the Client required assessments and medication administration by a nurse and assistance from ALSA aides with bathing, grooming, dressing and toileting.

        i. Interview and review of Client #1's clinical record and the agency's investigation dated 12/18/2023 with the Supervisor of Assisted Living Services Agency (SALSA) on 12/22/2023 at 10:30 AM, identified on 12/08/2023 ALSA aide #1 indicated around 11/30/2023 observing ALSA aide #2 strike the Client in the abdomen while providing personal care. ALSA aide #1 failed to report the abuse allegation to the SALSA or Registered Nurse (RN) Designee until 12/08/2023. The SALSA initiated an investigation on 12/08/2023, assessed the Client, notified the Client's physician, responsible person, and law enforcement. ALSA aide #2 was removed from the schedule and terminated on 12/19/2023.

        ii. Interview with ALSA aide #1 on 12/22/2023 at 12:20 PM, identified ALSA aide #1 was assisting ALSA aide #2, observed Client #1 grab ALSA aide #2's arm while providing care, as a result, ALSA aide #2 pushed the Client in the stomach. ALSA aide #1 identified the incident occurred around 11/30/2023 but failed to report the abuse allegation to the SALSA until 12/08/2023.

    Review of the police investigation dated 12/08/2023 and subsequent police report dated 12/18/2023, identified the allegation of abuse was unsubstantiated.

    The agency's policy for Abuse, Neglect and Exploitation Prevention, identified the agency would maintain the rights of all clients to be free from abuse, neglect or exploitation and mistreatment. The agency would take appropriate steps to prevent neglect, verbal, physical, mental, or sexual abuse. The act of alleged abuse, neglect or exploitation must be reported immediately, and immediate measures should be taken to ensure the safety of clients.

Plan of Correction for Violation #1

POC accepted
- mes 1/30/24

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;**

   Client #1 was assessed at the time the alleged incident was reported on 12/8/2024 by the SALSA with no apparent injury or indication of harm. Wellness Nurses continued monitoring for 72 hours with no apparent injury or indication of harm. The police were notified at the time of the allegation on 12/8/2023 by the SALSA, and the allegation was not substantiated.

   Care staff were in-serviced on the Abuse Policy including immediate reporting requirements by the SALSA or designated alternate, beginning at the time of the allegation and in substantial compliance by 12/10/2024.

   Care staff were in-serviced on approach to residents with dementia with behavioral disturbance, beginning on 12/22/2023 and in substantial compliance by 1/23/2024. Staff from all departments were in-serviced on abuse reporting requirements by the SALSA or designed alternate beginning on 12/21/2024 and in substantial compliance by 12/22/2024.

   All new employees are in-serviced on the abuse policy and procedure including mandated reporting requirements and approaching residents with dementia with behavioral disturbance at time of hire.

2. **The date each such corrective measure or change by the institution is effective;**
   In-servicing and corrective measures were started at the time of the allegation, and in substantial compliance by 1/23/2024.

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;**

   Compliance will be monitored through direct care observations for memory care residents by the SALSA or designated alternate to verify an appropriate approach with immediate intervention and in-servicing as needed. Documentation of direct observation will begin the week of 1/22/2024 and will occur weekly for 60 days at which time compliance auditing will be reviewed. New employee files will be reviewed quarterly for abuse prevention training beginning 1/1/2024 and on-going.

4. **The title of the institution's staff member that is responsible for ensuring the institution's compliance with its plan of correction.**

   The SALSA or designated alternate are responsible for ensuring compliance with the the plan of correction.