STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

January 17, 2024

Christopher Caron, Acting Executive Director
Brookdale Wilton
96 Danbury Road
Wilton, CT 06897
Via Email: Chrcar3@Brookdale.com

Dear Mr. Caron:

An unannounced visit was made to Brookdale Wilton on January 5, 2024 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation.

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 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 violations and you may be provided with the opportunity to be heard. If the violations are not responded to by January 27, 2024 or if a request for a meeting is not made by the stipulated date, the violations 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

ETH:mdf

c. VL
Complaint #36949

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (k)(2)(H)(i)(ii) Client Service Program.

1. Based on clinical record review, interview with facility personnel, review of agency policies, and review of agency documentation for 1 of 1 client, serviced by the Assisted Living Services Agency (ALSA) the agency nursing staff failed to perform a nursing assessment and update the client's plan of care and with a change in condition.

    a. Client #1 had a move in date to the Assisted Living Facility (ALF) on 5/18/23 with diagnoses that included type 1 diabetes, anxiety, hypertension, atrial fibrillation, cerebral infarction with aphasia, hemiplegia affecting right dominant side, right foot drop, and malignant neoplasm of mouth.

    Review of the client service program dated 11/13/23 identified that Client #1 required medication management, required assistance with dressing, grooming, bathing, and two persons assist with transfers.

    Review of agency documentation and interview with Regional RN #1 on 1/5/24 at 10:07am identified that on 12/19/23 Client #1 was found by aide and nursing staff to have new right sided weakness, loss of appetite, and a change in condition. At 2:05PM Client #1 was transferred to Hospital #1 for evaluation of symptoms. Review of the nursing clinical note date 12/21/23 at 2:45pm, identified that Client #1 was returned to the assisted living community, after discharge from an inpatient hospital stay from 12/19/23 through 12/21/23.

    Review of client's service plans failed to identify completion of a nursing reassessment following an inpatient admission to an inpatient facility, and failed to identify an update was completed to the client's service plan for a change in condition.

    Review of the agency client assessment policy identified that clients would be assessed at admission, at least every 120 days, and with a change in condition.

    Review of the agency policy on service plans identified service plans would be created upon admission to the facility and with a change in condition.

    Plan of Correction for Violation #1

ii. The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (j) (8) (B)Assisted living services agency staffing requirements.

2. Based on clinical record review, interview with facility personnel, review of agency policies, and review of agency documentation for one (1) of 1 client, serviced by the Assisted Living Services Agency (ALSA), the agency nursing staff failed to perform a nursing assessment and update the client's plan of care and with a change in condition.

   a. Client #1 had a move in date to the Assisted Living Facility (ALF) on 5/18/23 with diagnoses that included type 1 diabetes, anxiety, hypertension, atrial fibrillation, cerebral infarction with aphasia, hemiplegia affecting right dominant side, right foot drop, and malignant neoplasm of mouth.

   Review of the client service program dated 11/13/23 identified that Client #1 required medication management, required assistance with dressing, grooming, bathing, and two persons assist with transfers.

   Review of agency documentation and interview with Regional RN #1 on 1/5/24 at 10:07am identified that on 12/19/23 Client #1 was assessed to have right sided weakness, loss of appetite, and appeared to have a change in condition. At 2:05PM Client #1 was transferred to Hospital #1 for evaluation of change in condition. Review of the nursing clinical note date 12/21/23 at 2:45pm, identified that Client #1 was returned to the assisted living community, after an inpatient hospital stay, but failed to identify a nursing assessment was completed and/or changes to the client's service plan with a change in condition.

   Review of Paramedic #2's reporting, and Regional Nurse #1, 1/5/2410:07am indicated that LPN #2 indicated that Client #1 was not himself, appeared weak, and had stroke like symptoms at 9:am on 12/19/24. Regional Nurse #1 indicated that she/he was notified at 10:30am of Client #1's change in condition. Per Paramedic #2, an ambulance was not requested until 2:05pm, Client #1 was admitted to Hospital #1 being treated for an acute stroke.

   Nursing staff failed to take prompt action with a change in Client #1's condition.

Plan of Correction for Violation #2

POC Accepted 2/8/24 MDW

Violation #1: Section 19-13-D105 (k)(2)(H)(i)(ii) Client Service Program

(1) The nursing staff will be re-educated on the client assessment policy stating clients are to be assessed on admission, at least every 120 days, and with a change of condition. Client #1 will have an assessment completed.

(2) Client #1's reassessment was completed on 1/25/2024. The education of all nursing staff will be completed by 2/2/2024.

(3) A review of current resident assessments was completed on 1/25/2024 to verify that they were in compliance.

(4) A monthly audit will be completed for 3 months to verify that any resident who had a noted change of condition has an updated reassessment. The audit results will be reviewed during Quality Assurance meetings. A reassessment will be completed for residents who are noted to have a change of condition moving forward.

(5) The Executive Director and Health and Wellness Director will be responsible for verifying compliance.

Violation #2: Section 19-13-D015 (j) (8) (B) Assisted living services agency staffing requirements

(1) A review of current residents was completed. The audit was found to be in compliance.

(2) The nursing staff will be re-educated on the policy and procedures to take when a client experiences a change in condition.

(3) The education of nursing staff will be completed by 2/2/2024.

(4) A monthly audit will be conducted for 3 months to verify the appropriate and timely procedures were executed following a residents change in condition. The audit results will be reviewed during Quality Assurance meetings.

(5) The Executive Director and Health and Wellness Director will be responsible for verifying compliance.