# STATE OF CONNECTICUT
## DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

September 25, 2023

Xrista Christopoulos, Executive Director
Bal Rocky Hill
1160 Elm Street
Rocky Hill, CT 06067
Via Email: xchristopoulos@benchmarkquality.com

Dear Ms. Christopoulos:

An unannounced visit was/were made to Bal Rocky Hill on June 28, 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.

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 visiti. 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 5, 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.

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 October 5, 2023, or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

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

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.

Respectfully,

/s/

Elizabeth Heinry, BS, RN, BC
Supervising Nurse Consultant
Facility Licensing and Investigations Section

EH:csf

c. VL
Complaint #34784

POC Accptd 2/8/24 M fam 2

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (d)(4)(A) Governing Authority and (m)(5) Client Bill of Rights.

1. Based on clinical record review, interview with facility personnel, review of agency policies, and review of agency documentation for one of three Clients (Client #1), the assisted living agency failed to ensure the safety for Client #1 who resided in a secured memory care assisted living community. The findings include:
   a. Client #1 had a move in date to the locked memory care assisted living community on 6/15/23. The admitting diagnoses included Alzheimer's Disease, Depression, and Suicidal Ideation. Review of the client service program dated 6/15/23 identified that Client #1 was an elopement risk, prone to wandering, required stand by assistance with bathing, assistance for changing clothes and grooming, and required medication management.
   Review of Client #1's clinical record and agency investigation with the Executive Director, Acting Supervisor of Assisted Living (SALSA) / Regional Nurse #1, and Regional Nurse #2 on 6/28/23 at 9:45am identified that on 6/17/23 at 5:40pm, LPN #1 notified the Executive Director that Client #1 was not located during the facility "I'm OK safety program" ( a program for safety checks conducted a breakfast, lunch, and dinner) for the dinner meal. The facility staff notified Family Member #2 that Client #1 was not located in the community, and the local police were notified, by a 911 call at 5:52 pm.
   The agency documentation identified a complete search of the community was conducted from 6pm to 6:30pm, and from 6:30 to 7:30pm an external search of local businesses, and the gas station across the street. At 6:30pm the local police and staff noted that the fence was broken behind a set of dense bushes/trees within the memory care unit outside courtyard. Police determined Client #1 had climbed over the courtyard fence and eloped from the facility. The agency's internal investigation identified that at 7:55pm, Client #1 was returned to the community by local police after being found him at approximately 7:55 pm, walking on a multilane highway approximately 1.5 miles from the Assisted Living Facility (ALF). A Medical team was requested by Police to evaluate Client #1 at his/her return to the facility. Further medical evaluation by a medical facility was declined by the family. Family members and POA responded to the facility and Client # 1 was removed from the facility that evening at 8:30pm.

**Plan of Correction for Violation #1:**

The following is a violation of the Regulations of Conn State Agencies Section 19-13-D105 (g)(2)(D) Standards of Care and Policies.

2. Review of the policy for Client's safety checks during the day, with the Executive Director, Acting SALSA, and the Regional Nurse #2 on 6/28/23 at 12noon, identified that the "I'm O.K. Program" was the program utilized for client safety checks. The "I'm O.K." Program consisted of a client check at mealtimes, which included, breakfast, lunch, and dinner.
   a. The ED further identified that the documentation for the I'm ok "safety checks would be completed on the "I'm OK" audit sheets for each community 3 times a day at meals but failed to identify Client # 1's name was placed on the audit sheet at his/her admission, to ensure the facility staff performed the agency required checks at breakfast, lunch, and dinner.
   Review of the agency" I'm Ok "policy identified clients and client representative have the opportunity to sign up for the "I'm OK" program for safety checks. Client's names will be populated from the Yardi program, and 3 safety checks will be completed on all residents on ALSA services and in the Memory Care Unit daily.
   The assisted living agency failed to identify and maintain the safety of Client #1, who eloped from the secured memory care assisted living community and failed to maintain and document safety checks per agency policy.

**Plan of Correction for Violation #2:**

The following is a violation of the Regulations of Conn State Agencies Section 19-13-D105 (h)(4)(E) Nursing Services and (j)(7) Assisted Living Services staffing requirements.

3. Based on clinical record review, interview with facility personnel, and review of agency documentation for one of three Clients (Client #1), the Supervisor of Assisted Living Services (SALSA) failed to ensure supervision of assigned nursing personnel in the delivery of nursing services.
   a. Review of Client #1's medication profile with the Acting SALSA on 6/28/23 at 2pm, identified a physician order for the medication Donepezil 10mg daily, Vitamin D and Multivitamin daily.

Review of the clients' facility medication administration record (MAR) identified that the Donepezil 10 mg daily order was transcribed Donepezil 5mg daily and the Vitamin D and Multivitamin daily doses were omitted from Client # 1's medication administration sheet. The (SALSA) Supervisor of Assisted Living Services failed to identify supervision of assigned nursing personnel in the transcription of physician orders into the client's medication administration profile/record.

**Plan of Correction for Violation #3:**

This Plan of Correction is filed as evidence of the Assisted Living Services Agency/ Community's continuing commitment to quality care and as required by applicable law.

poc accepted 2/1/24 mh

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| **Alleged Violation 1:** | **The following is a violation of the regulations of The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (d)(4)(A) Governing Authority and (m)(5) Client Bill of Rights.**<br>• The assisted living agency failed to ensure the safety for Client #1 who resided in a secured memory care assisted living community. |
| **Measures to Prevent the Recurrence:** | • Client #1 no longer resides in the community.<br>• Cameras added to outside courtyards for full view of area on July 7, 2023.<br>• Bush where client exited was removed on July 6, 2023.<br>• Re-education for associates on Missing Resident Response Plan and Drills – Policy F-100-51. With emphasis on residents to be identified as high risk for elopement. |
| **Date Measures will be Effective** | 6/24/2023 and ongoing |
| **The ALSA's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained** | • Residents identified as high risk for elopement will be identified at tracking meetings weekly for four (4) months and then 25% of new move ins for two (2) quarters, with emphasis to ensure interventions are listed on service plans.<br>• All findings will be brought to Quality Assurance Committee |
| **Person responsible for monitoring** | SALSA/Designee |

POC Accepted 2/2/24 MDH

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| **Alleged Violation 2-:** | **The following is a violation of the Regulations of Conn State Agencies Section 19-13-D105 (g)(2)(D) Standards of Care and Policies.**<br>• Failure to identify Client # 1's name was placed on the audit sheet at his/her admission, to ensure the facility staff performed the agency required checks at breakfast, lunch, and dinner.<br>• The assisted living agency failed to identify and maintain the safety of Client #1, who eloped from the secured memory care assisted living community and failed to maintain and document safety checks per agency policy. |
| **Measures to Prevent the Recurrence:** | Executive Director and community associates were re-educated on the I'm Okay Policy A-100-82., with emphasis on our safety checks policy. |
| **Date Measures will be Effective** | 7/1/2023 and ongoing |
| **The ALSA's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained** | Weekly audits of I'm Okay log weekly for four (4) weeks, monthly for two (2) months until compliance is reached.<br>All findings will be brought to the Quality Assurance Committee. |
| **Person responsible for monitoring** | Executive Director |

POC Accepted 2/8/24 MJ

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| **Alleged Violation 3-:** | **The following is a violation of the Regulations of Conn State Agencies Section 19-13-D105 (h)(4)(E) Nursing Services and (j)(7) Assisted Living Services staffing requirements.**<br>• The (SALSA) Supervisor of Assisted Living Services failed to identify supervision of assigned nursing personnel in the transcription of physician orders into the client's medication administration profile/record. |
| **Measures to Prevent the Recurrence:** | • Nures were re-educated on F-200-17 Administering and Assisting with Medication reconciliation with emphasis on supervision of assigned personnel in the delivery of nursing services.<br>• Nurses will be re-educated on F-100-85 Transcription of Healthcare Provider Orders Including Verbal Orders |
| **Date Measures will be Effective** | 7/6/2023 and ongoing |
| **The ALSA's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained** | Audits to be performed on new move in residents in regards to medication reconciliation for four weeks, monthly for three (3) months until compliance is reached.<br>All findings will be brought to the Quality Assurance Committee. |
| **Person responsible for monitoring** | SALSA/designee |