Farmington Station

A SENIOR LIVING RESIDENCE SLR

July 21, 2022

Elizabeth Heiney, BS., RN., BC., Supervising Nurse Consultant
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Facility Licensing and Investigations Section
State of Connecticut Department of Public Health
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Dear Elizabeth Heiney,

Please find below plan to address issues identified during the compliance review completed on June 29, 2022 at Farmington Station, a Senior Living Residence:

1. **Violation 1:** Based on a review of facility documentation and interview with facility staff, the facility failed to ensure that the governing authority met at least twice annually in accordance with the regulations. The finding includes:
    a. An interview with the Executive Director (ED) 6/29/2022 at 11:30am and review of the meeting minutes identified one Governing Authority meeting held on 5/22/22. ED identified that is all the documentation (that) was provided from the Governing Authority and no additional meetings were held for 2022.

#1, ✓ Accepted CTraining SNC 2/4/23

Plan of Correction to Violation #1:

i. Please find attached Farmington Station/SLR's Connecticut Governing Authority Meeting Template "The Rules of Farmington Station Assisted Living Services Agency, updated: 2022. (see attachment I). For your reference, please find attached the Governing Authority Meeting 1 of 2 which was held on May 26, 2022 (see attachment II).
ii. Date: The next governing Authority meeting is scheduled for October 5, 2022 and then will be scheduled on an ongoing basis, twice annually.
iii. Plan to monitor: Oversight of the Governing Authority program is managed by the Executive Director at the community level, and by the Director of Compliance, at the management company level.

iv. The management of the Agency shall be vested in the members appointed by the Managing Member of the LLC, Senior Living Residences ("SLR"). The members of the Governing Authority shall be Members of the LLC, or managerial employees of SLR. The Governing Authority shall consist of the Supervisor of Assisted Living Services, the Executive Director as well as one or all of the following LLC members: Managing Partner and General Counsel, Director of Compliance and/or Director of Operations. The Governing Authority shall meet at least two (2) times per year and shall maintain minutes for each meeting. A quorum of members must be present for any voting action to be effective. Decisions requiring a vote shall be made by the majority of the members present at a meeting.

2. **Violation 2:** Based on a review of facility documentation and interview with Executive Director and Supervisor of Assisted Living Services (SALSA) on 6/29/22 at 11:45am, the facility failed to conduct Quality Assurance meetings and record committee reviews every 120 days and failed to conduct an annual program review. The finding includes:
   a. A review of facility documentation with the SALSA on 6/29/22 at 11:45am identified record reviews were completed for 1/27/22 and 4/26/22 with no record of Quality Assurance meetings being held. The last quality assurance meeting documentation identified was for a meeting held on 12/11/2020.

#2 Accepted ETOdrive 7-14-22

Plan of Correction to Violation #2:

i. Please find attached Farmington Station/SLR's Quality Improvement and Risk Management (QIRM) Program template. (see attachment III)
ii. Date: QIRM Meetings will be held monthly to review the *previous month's* activities. All QIRM meetings are scheduled in advance at the beginning of the year to ensure all participants have advance notice of the schedule.
iii. Plan to monitor: Executive Director or designated QIRM chairperson collects supporting documentation from each department head, using the checklist to ensure all documents have been received. Executive Director runs the QIRM meeting and uses it as an opportunity to review findings with the entire department head team. Follow up action plans are determined and developed as necessary.
iv. Title of staff member responsible for compliance: Executive Director

3. **Violation 3:** Based on client record review and staff interview, for three (3) out of three (3) clients the Supervisor of Assisted Living Services (SALSA)/ registered nurse, failed to complete assisted living aides' supervisions to ensure ongoing competence at least

every (120) days and failed to complete weekly and monthly reports to the Service Coordinator/and or designee. The finding includes:

a. Interview and review of clinical notes and agency documentation with the SALSA on 6/29/22 at 1:30pm, identified missing documentation for 120-day aide supervision and additionally identified the last aide supervision completed and documented were from 2021. No additional supervision had been documented, as of this survey date.
b. Review of facility documentation and interview, with the SALSA, failed to identify completed weekly or monthly reports. It was further identified that monthly/weekly reports had not been completed since assuming the SALSA position in May of 2022. Review of facility documents identified the last documented weekly and monthly reports were completed at the end of November 2021.

Plan of Correction to Violation #3a:

We are looking for further clarification and direction on required documentation for the assisted living aides' supervisions to ensure ongoing competence at least every 120 days; see email below;

July 25, 2022, 03:14 PM, Elizabeth.Heiney@ct.gov, Laronda.Therrien@ct.gov

Good Afternoon Elizabeth and Laronda,

I'm working with the team and Farmington Station to finalize our plan of correction but had a quick question in regards to violation #3;

"Violation 3: Based on client record review and staff interview, for three (3) out of three (3) clients the Supervisor of Assisted Living Services (SALSA)/ registered nurse, failed to complete assisted living aides' supervisions to ensure ongoing competence at least every (120) days and failed to complete weekly and monthly reports to the Service Coordinator/and or designee. The finding includes: Interview and review of clinical notes and agency documentation with the SALSA on 6/29/22 at 1:30pm, identified missing documentation for 120-day aide supervision and additionally identified the last aide supervision completed and documented were from 2021. No additional supervision had been documented, as of this survey date. "

I'm looking for clarification as to what the assisted living residence is required to provide under this regulation; as far as documentation needed for the 120-day aid supervision.

Thank you for your support, Mike

#3 Clarified - Agency policy dictates time frame and document requirements. RT 2/14/23

Plan of Correction to Violation #3b:

i. Please find attached Farmington Station/SLR's Weekly Report to the Service Coordinator & ALSA/MRC Monthly Report(see attachment V).
ii. Date: These documents will be completed weekly and monthly

iii. Plan to monitor: The SALSA will update this document weekly/month at the communities Management meeting and will be kept on file in the Executive Director's office

iv. Title of staff member responsible for compliance: Executive Director & SALSA

If you have any questions, please don't hesitate to contact me at (860) 284-0505 or via email at mschaus@slr-usa.com.

Sincerely,

Mike Schaus

Michael Schaus

Interim Executive Director

Farmington Station, a Senior Living Residence

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ATTACHMENT I

SENIOR LIVING RESIDENCES
The Rules of Farmington Station Assisted Living Services Agency
Updated: 2022

Governing Authority Committee Members

Community:
Executive Director
Supervisor of the Assisted Living (SALSA) / Resident Care Director

Management Company:
Managing Partner and General Counsel
Director of Compliance
Director of Operations

Purpose

The purpose of the SHI-IV SLR Farmington, LLC d/b/a Farmington Station A Senior Living Residence (the "Agency") is to assist each resident of Farmington Station managed residential community to function at his or her optimal physical, social and emotional capacity and to live independently in a residential environment with dignity as he or she ages in place.

Powers, Duties and Voting Procedures

The management of the Agency shall be vested in the members appointed by the Managing Member of the LLC, Senior Living Residences ("SLR"). The members of the Governing Authority shall be Members of the LLC, or managerial employees of SLR. The Governing Authority shall consist of the Supervisor of Assisted Living Services, the Executive Director as well as one or all of the following LLC members: Managing Partner and General Counsel, Director of Compliance and/or Director of Operations. The Governing Authority shall meet at least two (2) times per year and shall maintain minutes for each meeting. A quorum of members must be present for any voting action to be effective. Decisions requiring a vote shall be made by the majority of the members present at a meeting.

The members have the responsibility to:

- Ensure the quality of services provided by the Agency and the quality of care rendered to clients;
- Establish a quality assurance program;
- Review and accept all minutes of meetings held by the QA Committee and assure the implementation of corrective actions identified in these minutes;
- Adopt and document the annual review of the written Agency budget;

- Manage the fiscal affairs of the Agency;
- Establish a schedule for the review of these Rules;
- Establish a schedule for the submission of weekly and monthly reports from the Supervisor; and
- Ensure that a written contract is maintained between the Agency and one or more licensed home health care agencies to provide care and services to residents whose condition is no longer chronic and stable.

Quality Assurance Committee

The Agency's External QA Committee shall meet at least once every 120 days. The QA Committee shall participate in the Agency's quality assurance program and at least annually review and revise, if necessary, the Agency's policies on:

- Program evaluation;
- Assessment and referral criteria;
- Service records;
- Evaluation of client satisfaction;
- Personnel qualifications
- Standards of care; and
- Professional issues, especially as they relate to the delivery of services and findings of the quality assurance program.

The QA Committee appointed by the Members shall consist of:

- One (1) physician,
- One (1) registered nurse with a minimum of two (2) years of clinical experience in home health care or one (1) nurse with a bachelor's degree in nursing;
- And one (1) social worker with a bachelor's degree in social work or in a related human service field

Representatives appointed to the QA Committee shall be in active practice in their profession or shall have been in active practice within the last five (5) years. No member of the QA Committee shall be a Member or employee of the Agency or related by blood or marriage to a Member or employee of the Agency. Members of the QA Committee shall serve two-year terms and may serve any number of consecutive terms.

The Agency will also maintain the internal Quality Improvement Risk Management ("QIRM") program as directed by the community's management company.

Supervisor to the Agency

- The Supervisor of the Agency has the authority and responsibility to:
    - Coordinate and manage all nursing and assisted living aide services rendered to clients by direct service staff under his or her supervision;
    - Supervise assigned nursing personnel and assisted living aides in the delivery of nursing services and assistance with the provision of activities of daily living;
    - Ensure the evaluation of the clinical competence of assigned nursing personnel and assisted living aides;
    - Participate in or develop all agency objectives, standards of care policies and procedures concerning nursing services and the provision of assistance with activities of daily living;
    - Participate in direct service staff recruitment, selection, orientation and in-service education;
    - Participate in program planning, budgeting and evaluating activities related to the clinical services provided by the Agency;
    - Provide weekly reports to the service coordinator regarding any problems associated with the managed residential community or the Agency, summaries of which shall be provided to the governing authority; and
    - Provide monthly reports to the service coordinator regarding statistical data including the number of clients served and services provided, summaries of which shall be provided to the governing authority in accordance with the schedule established by the governing authority.

Conflict of Interest Policy and Procedures

A member shall be entitled to enter into transactions that may be considered competitive with, or a business opportunity that may be beneficial to, the Agency, it being expressly understood that the Members may enter into transactions that are similar to the transactions into which the Agency may enter. A Member does not violate a duty or obligation to the Agency merely because the Member's conduct furthers the Member's own interest. A Member may lend money to and transact other business with the Agency. The rights and obligations of a Member who lends money to or transact business with the Agency are the same as those of a person who is not a Member, subject to other applicable law. Notwithstanding the foregoing, every Member shall account to the Agency and hold as trustee for it any property or benefit derived by that person without the consent of more than a Majority of the disinterested Members from (a) any transation connected with the conduct or winding up of the Agency property, including confidential or proprietary information of the Agency or other matters entrusted to the Member as a result of his status as a Member.

Contract with Home Health Care Agency

A written contract shall be maintained by the Agency with one or more licensed home health care agencies.

ATTACHMENT II

SENIOR LIVING RESIDENCES
Farmington Station Assisted Living
Governing Authority Meeting Minutes

Meeting called to order at: 5/26/22 at 11:00am

Present: The following members were in attendance:
Jessica Ferreira, Executive Director/Service Coordinator
Mike Schaus, Director of Operations
Bob Larkin, Managing Partner & General Counsel, and
Jenna Worthington, Director of Compliance

Resolved: This is the first Governing Authority meeting to date. Future meetings will include the review of the last Governing Authority Meeting minutes by all members present.

No previous minutes to review. First meeting.

Committee
Current committee members. Brightstar Agency Social Worker and RN. Prime Healthcare in-house MD identified and invited providers. Committee has been established by the Governing Body.

Confirm contract and resumes of providers are received and in place for both companies. Contract to include language of QA participation.

The committee authorizes members to take action on pending objectives for ratification at the next meeting. Committee members authorize action on confirming/establishing the committee and members.

The following items were discussed:

1. Quality of service and client satisfaction / Community core service issues to discuss
2. Confirm all residents are "chronic and stable" as required by regulation
3. Discuss any residents on end of life / hospice services and status of care
4. Confirm healthcare agency contracts are in place and sufficient
5. Confirm weekly status report from SALSA to the Service Coordinator
6. Budget process and review of community budget (is revenue above budget, etc)
7. Discuss current census and upcoming increases/decreases to census

1. ALSA Quality of Service & Client Satisfaction

- Resident Satisfaction Survey results reflect the ALSA staff are friendly, accommodating and provide good care in a safe and clean environment. Resident comments ask for additional communication on who is available "after hours."
    - Group to initiate additional communication for residents on who is on call and available after regular business hours and how to contact that person; to be discussed at next Resident Council meeting
- Family Satisfaction Survey results reflect the ALSA services are overall good, associates are kind/caring and the community is responsive to needs. Family feedback also reflected a request for additional care staff in the memory care neighborhood as well as nursing. Community has increased both care staff hours and nursing hours since the time this survey was initiated. Community also actively improving communication with families on questions or concerns. Associate turnover was also mentioned in the family survey results. Community has improved associate retention and turnover numbers (for 2022) have reduced since surveys were completed in 2021.
- Summary of complaint log reviewed by committee.

2. Confirm all residents are "chronic and stable" as required by regulation • All residents are identified as chronic and stable status with the exception of the residents currently on Hospice

3. Discuss any residents on end of life / hospice services and status of care

- Eight (8) residents currently on hospice services.

4. Confirm healthcare agency contracts are in place and sufficient

- Contract in place with BrightStar VNA.

5. Confirm weekly status report from SALSA to the Service Coordinator • Template for weekly status report in progress. To be approved and rolled out the first week in June

6. Budget process and review of community budget (ALSA labor-specific) • Budget has been established. Weekly review of community occupancy and labor allocation to budget. ALSA staff rates were reviewed and increased accordingly with both caregivers and nursing associates.

7. Discuss current census and upcoming increases/decreases to census

- Current occupancy is 116 residents

The minutes of this meeting were reviewed and accepted.

Follow Up

1. Confirm upcoming meeting schedule to meet every 120 days; next meeting scheduled in July
2. Confirm approved QA contract and committee, contracts and review resumes.

The minutes of this meeting were reviewed and accepted.

Jenna Worthington

Jenna Worthington, Director of Compliance

ATTACHMENT III

Senior Living Residences
Quality Improvement and Risk Management ("QIRM") Program
Updated: January 2020

POLICY

Why:

It is the policy of Senior Living Residences to conduct a Quality Improvement and Risk Management ("QIRM") Program to achieve the following goals:

- Enhanced quality of life for our assisted living community residents
- Staff awareness of the community's policies and procedures and the best practices of care for our assisted living community residents
- Compliance with applicable regulatory standards and SLR policies and procedures

PROCEDURE

How:

In order to achieve the policy goals set forth above, the following procedures will be followed by each SLR community:

Who:

- A "Quality Improvement and Risk Management ("QIRM") Committee" will be established. The Committee will meet monthly and will include the following participants:
    - Executive Director
    - Resident Care Director
    - Director of Business Administration
    - Director of Compass Programming
    - EnrichedLife Director
    - Director of Dining Experience
    - Director of Building and Grounds
    - Director Community Relations
    - Other staff members as may be designated from time to time by the Executive Director or SLR

When:

- QIRM Meetings will be held on the first week of the month and review the *previous month's* activities (i.e. January will be reviewed at a QIRM meeting held on the first week of February)

- All QIRM meetings are scheduled in advance at the beginning of the year to ensure all participants have advance notice of the schedule;
    - Once set, schedule of QIRM meetings are sent to SLR Director of Compliance

How:

- **Prior to QIRM meeting,** all department heads will access their portion of the monthly QIRM review on Google Drive under Team Drives > QIRM
- Goals for each department head as well as any applicable audits are to be completed **prior** to the QIRM meeting
- Department heads bring their portion of the QIRM outline and support documentation

QIRM Meeting Details

- Executive Director or designated QIRM chairperson collects supporting documentation from each department head, using the checklist to ensure all documents have been received
- Executive Director runs the QIRM meeting and uses it as an opportunity to review findings with the entire department head team. Follow up action plans are determined and developed as necessary

After QIRM Meeting

- The completed QIRM outline is to be uploaded to the community specific folder under Team Drives; include all supporting documents and attachments
- **QIRM DUE DATE: on or around the 10th of the month**
- SLR Director of Compliance will review QIRM outline for each community and provide support and feedback as needed

ATTACHMENT IV

INTRODUCTORY VISIT
PERSONAL CAREGIVER TRAINING/SKILLS REVIEW

Resident: **Apartment:**

Nurse: **Date** of move in/skills review:

This training/skills review is required for <u>all</u> Caregivers providing care to the Resident, <u>and</u> whenever the resident's care needs change significantly, as determined by the Nurse. This form is also for use in skills training and evaluations. **Check the applicable spaces below.**

___ New Resident
___ Change in Resident's care needs (including new routes of medication)
___ Caregiver Skills Review /120 Day Aide Supervision *During the training/skills review each Caregiver shall demonstrate competence, verbally or by physical demonstration, of each personal care task (including Medication Management) indicated on the Resident's service plan.*

	Nurse's Initials	Method: Verbal (V) Demonstrated (D)
▪ Service Plan & Assignment Review Sheet	_____	_____
▪ Dressing	_____	_____
▪ Bathing/Hygiene	_____	_____
▪ Ambulation	_____	_____
▪ SAMM or LMA	_____	_____
▪ Meal Reminders	_____	_____
▪ Safety Issues	_____	_____
▪ Laundry/Housekeeping Services	_____	_____
▪ Known food allergies	_____	_____
▪ Other_____	_____	_____

REQUIRED SIGNATURES

_____ _____

NURSE **CAREGIVER (skills evaluation only)**

Regarding food sensitivities and/or allergies **DIRECTOR OF FOOD SERVICES**

Note: This form is filed in the Resident's Record for Introductory visits. It is filed in the personnel folder when used for the Caregiver's bi-annual skills review. Caregiver signature on front page on required during skills evaluation. No signature needed for New Resident Introductory Visit.

Printed Name	Signature	Date

ATTACHMENT V

Weekly Report to the Service Coordinator

Dates: _____ Through: _____

Core Service Issues:	Managed Residential Community Issues:
Meals;	**Move Ins:**
Laundry:	
Transportation:	**Deaths:**
Housekeeping:	**Hospice/ Palliative Care:**
Maintenance:	
Social/Recreational:	**Resident Concerns:**
Additional Services:	**Move Outs:**
Security:	
Emergency Call System:	**Hospital/ Rehab:**
Common Space:	

Service Coordinator:_____Date:_____

SALSA: _____ Date:_____

ALSA/MRC Monthly Report

Month/Year_____

Total Census: _____

Residents on ALSA Services: _____

Residents on SAMM: _____

Residents on Nurse Administer: _____

Move Ins: _____

Move Outs: _____

Deaths: _____

Resident Concerns: _____

Resident Service Coordinator: _____ **Date:** _____

SALSA: _____ **Date:**_____