2021

5055

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

January 3, 2022

Allyson Sweeney, Executive Director
Bal Rocky Hill
1160 Elm Street
Rocky Hill, CT 06067

Dear Ms. Sweeney:

An unannounced visit was made to Bal Rocky Hill on December 14, 2021 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation and a revisit for the purpose of a follow-up to a violation letter dated November 29, 2021.

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 January 13, 2022.

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 13, 2022 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 Cheryl Davis, PHSM, at cheryl.davis@ct.gov. Please direct your questions concerning the instructions contained in this letter to Cheryl directly at (860) 509-7436. Please do not send another copy via US mail.

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

Respectfully,

/s/
Cheryl Davis, R.N., B.S.N.
Public Health Services Manager
Facility Licensing and Investigations Section

CAD:lst

CT #31350

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing authority of an assisted living services agency (4)(f) and/or (e) General requirements for an assisted living services agency (1) and/or Public Act No. 21-185.

1. Based on a review of agency documentation and interview with agency personnel, the agency failed to employ an Infection Preventionist according to Public Act No. 21-185. The finding includes:
    a. Interview with the Executive Director on 12/14/21 at 1 PM, identified a census of fifty-four (54) memory care clients in their secure units but failed to comply with the directive in Public Act No. 20-185 to hire a full time Infection Preventionist as of 10/01/21.

POC accepted 1/31/22 WS

State of Connecticut Department of Public Health Plan of Correction
Bal Rocky Hill d/b/a Atrium at Rocky Hill
Date of Visit: December 14, 2021
BENCHMARK SENIOR LIVING

We request an office conference so that we have an opportunity to discuss this alleged violation. Please let us know when we may schedule a conference.

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. The filing of this Plan of Correction does not constitute and may not be construed as any admission regarding the alleged violations.

Alleged Violation1 i:	Violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing authority of an assisted living services agency (4)(f) and/or (e) General requirements for an assisted living services agency (1) and/or Public Act No. 21-185. i. The agency failed to employ an Infection Preventionist according to Public Act No. 21-185.
Measures to Prevent the Recurrence:	1. The ALSA has identified full time infection preventionist. 2. Re-education to Executive Director and the SALSA on Public Act No.21-185 with reference to the full time Infection Preventionist.
Date Measures will be Effective	1/31/22
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 will be conducted quarterly for two quarters to ensure participation as a member of the infection prevention and control committee of the dementia special care unit and reporting to such committee at its regular meetings regarding the training they have provided. All findings will be brought to the QA committee.
Person Responsible for Monitoring	SALSA
Submitted by	Allyson Sweeney, Executive Director