2021

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING AND INVESTIGATIONS SECTION

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

BAL Rocky Hill
1160 Elm Street Extension
Rocky Hill, CT 06067
M: mholmes@benchmarkquality.com

Signature of FLIS Staff

Karen Draeger — Nurse Consultant

Licensure Category:

ALSA

Licensed Bed Bassinet Capacity: 60

Census: 34

Date(s) of onsite inspection: 10/20/21 & 10/21/21

Date(s) additional information obtained: ___

Personnel contacted: ALSA - Martha Holmes; ES - Allyson Sweeney

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[ ] Licensing Inspection [ ] *Initial* [ ] *Renewal* [ ] *Other (e.g.strikes):* ___

[ ] Visit **OR** Revisit for the purpose of ___

[ ] See Complaint Investigation # 31007

[ ] Violations of the General Statutes of Connecticut and/or regulations of Connecticut State Agencies were identified at the time of this inspection. See attached violation letter dated 11/29/21

[ ] Desk Audit ___ [ ] Amended Letter: ___ Original Ltr. ___

[ ] Citation # ___ was issued to this facility as a result of this inspection.

[ ] Violations of the General Statutes of Connecticut and/or the regulations of Connecticut State Agencies **were not** identified at the time of this inspection.

[ ] Citation # ___ was/was not verified as corrected. See attached narrative report.

[ ] Narrative report/additional information attached.

[ ] See Certification File.

[ ] Referral(s) to ___

REPORT SUBMITTED BY: Karen Draeger **DATE OF REPORT:** ___

[X] Approval for issuance of license granted by: ___ **DATE:** 11/29/21
Supervisor/Title

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING AND INVESTIGATIONS SECTION

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

BAL Rocky Hill
1160 Elm Street Extension
Rocky Hill, CT 06067
M: mholmes@benchmarkquality.com

Signature of FLIS Staff

Karen Knudsen — Nurse Consultant

Licensure Category: 142

ALSA

Licensed Bed Bassinet Capacity: 60

Census: 34

Date(s) of onsite inspection: 10/20/21 & 10/21/21

Date(s) additional information obtained:

Personnel contacted: ALSA - Martha Holmes; ES - Allyson Sweeney

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[ ] Licensing Inspection [ ] *Initial* [ ] *Renewal* [ ] *Other (e.g.strikes):*

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[ ] Narrative report/additional information attached.

[ ] See Certification File.

[ ] Referral(s) to

REPORT SUBMITTED BY: Karen Knudsen **DATE OF REPORT:** 10/21/21

[ ] Approval for issuance of license granted by: Supervisor/Title **DATE:** 10/21/21

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING AND INVESTIGATIONS SECTION

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

BAL Rocky Hill
1160 Elm Street Extension
Rocky Hill, CT 06067
M: mholmes@benchmarkquality.com

Signature of FLIS Staff

Karen Draiker, Nurse Consultant

Licensure Category:

ALSA 142

Licensed Bed
Bassinet Capacity: 60

Census: 34

Date(s) of onsite inspection: 10/20/21 & 10/21/21

Date(s) additional information obtained: _____

Personnel contacted: ALSA - Martha Holmes; ES - Allyson Sweeney

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[ ] Licensing Inspection [ ] *Initial* [ ] *Renewal* [ ] *Other (e.g.strikes):* _____

[ ] Visit **OR** Revisit for the purpose of _____

[ ] See Complaint Investigation # 31007

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[ ] Narrative report/additional information attached.

[ ] See Certification File.

[ ] Referral(s) to _____

REPORT SUBMITTED BY: Karen Draiker **DATE OF REPORT:** 10/21/2021

[ ] Approval for issuance of license granted by: Alice M. Martenez RN **DATE:** 10/22/21
Supervisor/Title

ENTITY: BAL Rocky Hill

DATE(S) OF VISIT: 10/20/21 & 10/21/21

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 54
Number of home visits: 3 Number of records reviewed: 34
SALSA: Martha Holmes
SALSA Designee: Shashana Smith
Home health care contracts/contracts:

Name: Encompass Home Care
Address:

Phone:

Name: Seasons / Vitas
Address:

Phone:

Managed Residential Community visited: Atrium @ Rocky Hill
Service Coordinator: Allyson Sweeney

Policy review was done relative to record reviews and/or violations ~~cited~~ as appropriate.

Rev.7/01-

SIGNATURE: Vana Donatoak

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality And Safety Branch

November 29, 2021

Martha Holmes, SALSA
Bal Rocky Hill
1160 Elm Street
Rocky Hill, CT 06067
Email: mholmes@benchmarkquality.com

Dear Ms. Holmes,

Unannounced visits were made to Bal Rocky Hill on October 21, 2021 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a relicensure and complaint investigation.

Attached are violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which was noted during the course of the visits. 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 December 9, 2021.

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.

DATE(S) OF VISIT: October 21, 2021

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

You may wish to dispute the violations and you may be provided with the opportunity to be heard. If the violations is not responded to by December 9, 2021 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 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, RN, BSN
Public Health Services Manager
Facility Licensing and Investigations Section

CD:csf

c. VL
Complaint #31007

The following are violations of the Regulations of Connecticut State Agencies Section D19-13-D105 Assisted living services agency (ALSA) (g) Supervisor of Assisted Living Services (2)(A)(B) and/or (h) Nursing Services Provided by an Assisted Living Services Agency (3)(C)(D) and/or (i) Assisted Living Aide Services Provided by an Assisted Living Services Agency (1)(5)(B) and/or (k) Client Service Record (2)(H).

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

1. Based on a review of clinical records, facility documentation, interviews, and review of agency policies, for two of four clients involved in an altercation (Client #1 and #2), the Assisted Living Services Agency (SALSA) failed to conduct assessments/service Supervisor of review every 120 days, failed to manage and/or ensure supervision of the assisted program in the provision of care, and failed to follow-up with the physician after a change in living aides condition.

The findings include:

a. Client #1 had a move in date of 4/07/21 and diagnoses that included hypertension, dementia and malignant neoplasm of the bone and resided in the Memory Care Unit of the ALSA. Client #1's service plan dated 5/01/21 identified the client was at risk for falls, may be anxious and refuse care, and had mild cognitive impairment.

Review of the agency incident report/investigation and interview with the SALSA on 10/20/21 at 10:30 am identified on 10/07/21 at 2:30 pm, Client #2 approached Client #1 who was on his/her way to his/her apartment, Client #2 attempted to block Client #1 from entering the apartment and pushed him/her to the floor as well as hit the guest (Person #1) that was visiting Client #1. The RN Designee was notified and assessed Client #1; no injuries were identified. The clients were separated, and the physician and family were notified. Furthermore, the SALSA indicated that the client had not had any physical altercations with other clients prior to this incident.

Interview with Person #1 on 10/21/21 at 11:30 am indicated she visited Client #1 on 10/7/21. While walking to Client #1's room, Client #2 walked behind Client #1, placed his/her arms around Client #1's shoulders, flipped him/her around and threw Client #1 to the floor. Person #1 further indicated that Client #2 grabbed under Client #1's right shoulder then dragged Client #1 away from his/her room. Client #2 then made a fist and

punched Person #1 twice in the shoulder. ALSA aide #1 then arrived in the common area and escorted Client #2 to his/her room.

Review of the clinical record and interview with the SALSA on 10/20/21 at 12 pm identified that the assessment and client service program dated 5/01/21, was modified on 10/20/21 and failed to identify completion of an assessment and review of the client service program no less frequently that one hundred and twenty (120) days.

Review of the modified client service program dated 10/20/21 and interview with the SALSA on 10/21/21 at 10:40 am identified a revision dated 10/07/21 for staff to provide 1:1 emotional support to the client for three days following the altercation with Client #2. On 10/07/21, the RN Designee in-serviced the day and evening aides in the memory care unit and documented it on the Resident Service Introductory visit for staff to provide 1:1 emotional support and direction and to report to nursing any increase agitation and/or anxiety. The RN Designee identified four ALSA aide signatures for the first and second shifts but failed to identify any further signatures for the three days following the altercation according to the service program revision and failed to ensure the supervision of the assisted living aides in the provision of care.

b. Client #2 had a move in date of 8/08/21 and diagnoses that included hypertension, vascular dementia, generalized anxiety disorder, a history of a stroke, and resided in the Memory Care Unit of the ALSA. Client #2's service plan dated 9/09/21 identified the client was at risk for falls, re-direct conversation to take mind off anxiety causing topics, required assistance of one ALSA aide for personal care, and had moderate cognitive impairment.

Review of the agency incident report/investigation identified that on 10/07/21 at 2:30 pm, Client #2 approached Client #1, who was on his/her way to his/her apartment, Client #2 attempted to block Client #1 from entering the apartment and pushed him/her to the floor as well as hit the guest (Person #1) that was visiting Client #1. The RN Designee was notified and assessed

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

Client #2; no injuries were identified. The clients were separated, and the physician and family were notified.

Review of the modified client service program dated 10/20/21 and interview with the SALSA on 10/21/21 at 10:45 am identified a revision dated 10/07/21 for staff to observe and immediately report any signs of agitation to the nurse as well as provide Client #2 with 1:1 time for 3 days following the altercation with Client #1. Furthermore, the SALSA indicated that the client had not had any physical altercations with other clients prior to this incident. On 10/07/21, the RN Designee in-serviced the day and evening aides in the memory care unit and documented it on the Resident Service Introductory visit for staff to provide 1:1 support and observe for agitation, report to nursing immediately and call 911 if behaviors escalate. The RN Designee identified four ALSA aide signatures for the first and second shifts but failed to identify any further signature for the three days following the altercation according to the service program revision and failed to ensure the supervision of the assisted living aides in the provision of care.

Review of the clinical record and interview with the SALSA on 10/21/21 at 1 pm identified via a facsimile, the physician was notified after the altercation on 10/07/21 but failed to identify a response from the physician for the need to have the client evaluated promptly and failed to identify further nursing communication with the physician for the need for further evaluation of Client #2. On 10/19/21, twelve days later, Client #2 was seen by APRN #1 with instructions to continue as needed Trazadone for behavioral issues.

Agency policy on investigating and reporting actual or alleged abuse of any resident by another resident directed that abuse of a resident by another resident will not be tolerated, steps will be taken to separate the residents involved. If the allegation or incident involves serious physical or emotional injury or sexual abuse, the Senior Vice President of Operations will promptly convene an Investigating Team to investigate the abuse allegation or incident. When there is an allegation or incident of resident-to-resident abuse that does not result in serious injury or does not involve sexual abuse, the licensed nurse will assess each resident and document the assessment in the clinical record. Steps will be implemented immediately to address any physical or mental harm suffered by either resident. For all witnessed incidents, each resident involved will be assessed and appropriate interventions will be implemented as needed as part of each resident's service plan.

Agency policy for Resident Service Introductory Visit directed that specific resident needs and services to be provided by the Resident Care Associates are included on this form, changes in condition to be observed and reported to the nurse will be clearly outlined and reviewed with each associate whenever the personal care needs change significantly.

Although requested, there was no policy to review on physician notification and follow-up instructions if no response.

DATE(S) OF VISIT: October 21, 2021

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

POC accepted 12/13/21 LS

State of Connecticut Department of Public Health Plan of Correction
The Atrium at Rocky Hill
Date of Visit – October 21, 2021
BENCHMARK SENIOR LIVING

This Plan of Correction is filed as evidence of this Assisted Living Service 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 Violation 1a.:	Section 19-13-D105 (h)(3)(c) A registered nurse shall be responsible for the following which shall be documented in the client's service record: assessments, completed as often as necessary based on the client's condition but not less frequently than every, one hundred and twenty days, and prompt action when a change in client's condition would require a change in client's service program • ALSA Failed to conduct assessments/service program review every 120 days, failed to manage and or ensure supervision of the assisted living aides in the provision of care and failed to follow up with the physician after a change in condition.
Measures to Prevent the Recurrence 1a:	• Residents will be assessed upon move in, 30 days post move in, and again every 120 days or with any significant change in condition. • Physician(s) will be notified with any change in condition and with all re-assessments. • Fax confirmation sheets and all follow up documentation will be filed in resident medical chart. • Resident Care Associates will be made aware through "Resident Service Introductory Visits" of any changes to a resident plan of care. Resident Care Associates on all shifts must sign Resident Service Introductory Visit for 3 days post incident indicating that they have read and understand what has occurred and appropriate plan of care to ensure resident needs and safety for all are being met.
Date Measures will be Effective	Immediately and ongoing

POC accepted 12/13/21 LCS

Communities Plan to monitor its quality assessment and performance improvement to ensure that the corrective measure or systemic change is sustained	• Re-Inservice of Resident Introductory Service Visit policy with nursing and resident care associates. • Weekly audit of communication log and Resident Service Introductory Visits for signature compliance for four weeks and then randomly going forward. • Audit of assessments for timely completion in accordance with state regulations.
Person Responsible for Monitoring	SALSA or designated supervisor
Submitted by:	Allyson Sweeney, Executive Director 12/9/2021 Allyson Sweeney 12/9/2021