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STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH PLAN OF CORRECTION
CHARTER SENIOR LIVING OF BROOKFIELD
VISIT CONCLUDED: 2/1/2024

Regulation/Finding	*Corrective Action Plan*	*Compliance Date*	*Person(s) Responsible*
Section 19-13-D105 Assisted living services agency (d) Governing authority of an assisted living services agency (4)(A) and/or (e) General requirements for an assisted living services agency (1) and/or (g) Supervisor of assisted living services (2)(A) and/or (B) and/or (i) Assisted living aide services (1) and/or (3)(A) and/or (k) Client service record (2)(H)(vi). Agency/ALSA aide to follow proper hygiene practices and failed to follow the care plan.	**Please note that the filing of this plan does not constitute any admission as to the alleged deficiencies set forth in the violation letter. This plan of correction is being filed as required by applicable law and as evidence of the community's commitment to quality care.** The Community will take the following measures to prevent a reoccurrence of the alleged violation: • SALSA will re-educate non-licensed Resident Assistants on Policy HW-01 CT Assessment and Service focusing on hygiene techniques as it relates to peri-care and face washing. • Non-licensed Resident Assistants will undergo re-education of care plans as it relates to following through on safety checks and provision of care. • Audits will be conducted on 25% of residents receiving ALSA care with emphasis on hygiene and safety checks as part of the plan of care to ensure compliance with plan of care. Audits will be conducted weekly for 4 weeks, monthly for 2 months or until compliance is reached. Audits will continue randomly to ensure maintained compliance.	4/8/2024	SALSA or designee

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	• Hygiene observations to be conducted by licensed staff to unlicensed staff provided care to ensure hygiene re-education is adhered to and technique maintained. Observations to be conducted on all three shifts weekly for 4 weeks or until compliance is reached. • All findings will be brought to the Quality Assurance committee for review.	4/08/2024	SALSA or designee

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

March 7, 2024

Clarixy Batista, Executive Director
Charter Senior Living of Brookfield
Brookfield, CT 06804
Via E-mail: ed@charterofbrookfield.com

Dear Ms. Batista:

An unannounced visitwas made to Charter Senior Living of Brookfield on February 1, 2024 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation with additional information received through February 2, 2024.

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, along with your original state violation letter, to the Department by <u>March 17, 2024</u>.

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 March 17, 2024 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 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.

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

Respectfully,

Elizabeth T. Heiney BS RN BC.

Elizabeth T. Heiney, B.S., R.N., B.C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

ETH:lst

c. VL
Complaint CT #36862

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 Assisted living services agency (d) Governing authority of an assisted living services agency (4)(A) and/or (e) General requirements for an assisted living services agency (1) and/or (g) Supervisor of assisted living services (2)(A) and/or (B) and/or (i) Assisted living aide services (1) and/or (3)(A) and/or (k) Client service record (2)(H)(vi).

1. Based on clinical record review and staff interviews for one of three clients (Client #1) who received assisted living services for assistance with personal care, medication management and safety monitoring, the Assisted Living Services Agency/ALSA aide failed to follow proper hygiene practices and failed to follow the care plan. The findings include:

    a. Client #1 was admitted to the assisted living services agency (ALSA) program on 3/23/22 and the memory care program on 5/12/23. The admitting diagnoses included vascular dementia and atrial fibrillation. The client service plan dated 10/26/23 identified the need for assistance with bathing, dressing, toileting, hourly safety checks and medication management.

    Review of agency documentation with the Executive Director/ED on 2/02/24 at 10:30 AM identified that on 12/04/23, Person #1 voiced concern with ALSA aide #1's alleged mistreatment of Client #1 during morning care. Person #1 indicated viewing the electronic recording device in Client #1's room and observing ASLA aide #1 washing the client's buttock area, then perineal area, rinsing the washcloth in the bathroom then washing the client's face and under arms.

    On 12/05/23, ALSA aide #1 received coaching by the Supervisor of Assisted Living Services Agency/SALSA and a corrective action plan and was assigned on-line training on care and approach for dementia residents.

        i. Interview and review of the agency documentation with the SALSA on 2/01/24 at 11 AM failed to identify that ALSA aide #1 used proper hygiene practices when performing morning care.

        ii. Interview and review of the aide activity sheet dated 12/04/23 with the SALSA on 2/01/24 at 12:30 PM failed to identify that hourly safety checks were completed by ALSA aide #1 and failed to follow the care plan.

        Plan of Correction to Violation #1: