2017

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Brighton Gardens of Stamford
59 Roxbury Road
Stamford CT 06902
M:

Signature of FLIS Staff

Michael J. Smith RN, Nurse Consultant

Licensure Category:

Assisted Living Services

Licensed Bed Bassinet Capacity: 120 apts

Census:

Date(s) of onsite inspection: 7/13/17 + 7/14/17

Date(s) additional information obtained:

Personnel contacted: Mary Kay Polacek, SALA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

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

[X] See Complaint Investigation # #21930 + 21136

[X] 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 1-29-18

[ ] 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: Michael J. Smith **DATE OF REPORT:** 7/13/17

[ ] Approval for issuance of license granted by: Logan D Nguyen **DATE:** 7-19-17
Supervisor/Title

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor

Nancy Wyman
Lt. Governor

Healthcare Quality And Safety Branch

January 29, 2018

Mary Kay Polacek, Supervidor of Assisted Living Services Agency
Brighton Gardens Of Stamford Alsa
59 Roxbury Road
Stamford, CT 06902

Dear Ms. Polacek:

Unannounced visits were made to Brighton Gardens Of Stamford Alsa on July 13 and 14, 2017 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting multiple investigations.

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 visits.

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 February 12, 2018 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

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 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 to Loan.Nguyen@ct.gov may be subject to disciplinary action.

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

DATES OF VISIT: July 13 and 14, 2017

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

Respectfully,

Loan D Nguyen

Loan Nguyen M.S.N., R.N., C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

CT # 21930 and 21136

LN:mb

DATES OF VISIT: July 13 and 14, 2017

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

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (m) Client's bill of rights and responsibilities (1).

1. Based on review of the clinical record, agency documentation and staff interview, for one of one client (Client # 1) with changes in services, the Assisted Living Services Agency (ALSA) failed notify Client#1's Responsible Party of changes of charges and billing no less than 15 days prior to implementing the changes. The findings include:
   a. Client #1 was admitted to the ALSA program on 7/17/15 with diagnoses that included coronary artery disease, insulin-dependent diabetes mellitus, hyponatremia and hyperlipidemia.
   The ALSA documentation indicated that Client #1's Responsible Party was notified on 2/4/16 of the changes in the plan of care and cost, and on 2/2/16 the ALSA staff left for another message on the telephone for the responsible party.
      i. Interview and review of the agency documentation with the Service Coordinator on 7/13/17 at 11:10am failed to identify documentation by the ALSA of an acknowledgement of receipt of the change in billing rates from the Responsible Party;
      ii. Interview with the Supervisor of Assisted Living Services (SALSA) on 7/17/17 at 10:26am indicated that beginning 7/14/16 the bills sent to Client # 1's responsible party reflected an increase of 25 dollars per day ($750 dollars per month) but failed to identify prior acknowledgement from the responsible party of a 15-day notice of the change in cost, before implementing the increase in cost;
      iii. Interview with the ALSA Service Coordinator on 7/13/17 at 11:10am indicated that on 5/25/17 a meeting was held with Client #1 ' s responsible party to review the updated Client Service Program and the cost of care, but failed to identify documentation in the client's record of the meeting and topics covered.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (k) Client service record (2) (H).

2. Based on review of clinical record and staff interview, for one of one client (Client # 1) with changes in services, the Supervisor of Assisted Living (SALSA) failed to ensure the responsible party reviewed the updated plans of care. The findings include:
   a. Client #1 was admitted to the assisted living program on 7/17/15 with diagnoses that included coronary artery disease, insulin-dependent diabetes mellitus, hyponatremia, and hyperlipidemia.
   Interview and review of Client #1's Service Programs with the Supervisor of Assisted Living (SALSA) on 7/13/17 at 11am identified revisions to the Client Service program every 120 days in April 2016, September 2016, and January 2017, with one attempt made to contact the Responsible Party documented on 2/4/16, and failed to identify review of the updated client service programs by the Responsible Party until May 2017.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor

Nancy Wyman
Lt. Governor

Healthcare Quality And Safety Branch

January 29, 2018

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Keeping Connecticut Healthy
DPH
Connecticut Department of Public Health

Phone: (860) 509-7400 • Fax: (860) 509-7543
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph
Affirmative Action/Equal Opportunity Employer

DATES OF VISIT: July 13 and 14, 2017

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

Respectfully,

Loan D Nguyen

Loan Nguyen M.S.N., R.N., C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

CT # 21930 and 21136

LN:mb

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1. Based on review of the clinical record, agency documentation and staff interview, for one of one client (Client # 1) with changes in services, the Assisted Living Services Agency (ALSA) failed notify Client#1's Responsible Party of changes of charges and billing no less than 15 days prior to implementing the changes. The findings include:
   a. Client #1 was admitted to the ALSA program on 7/17/15 with diagnoses that included coronary artery disease, insulin-dependent diabetes mellitus, hyponatremia and hyperlipidemia.
   The ALSA documentation indicated that Client #1's Responsible Party was notified on 2/4/16 of the changes in the plan of care and cost, and on 2/2/16 the ALSA staff left for another message on the telephone for the responsible party.
      i. Interview and review of the agency documentation with the Service Coordinator on 7/13/17 at 11:10am failed to identify documentation by the ALSA of an acknowledgement of receipt of the change in billing rates from the Responsible Party;
      ii. Interview with the Supervisor of Assisted Living Services (SALSA) on 7/17/17 at 10:26am indicated that beginning 7/14/16 the bills sent to Client # 1's responsible party reflected an increase of 25 dollars per day ($750 dollars per month) but failed to identify prior acknowledgement from the responsible party of a 15-day notice of the change in cost, before implementing the increase in cost;
      iii. Interview with the ALSA Service Coordinator on 7/13/17 at 11:10am indicated that on 5/25/17 a meeting was held with Client #1 ' s responsible party to review the updated Client Service Program and the cost of care, but failed to identify documentation in the client's record of the meeting and topics covered.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (k) Client service record (2) (H).

2. Based on review of clinical record and staff interview, for one of one client (Client # 1) with changes in services, the Supervisor of Assisted Living (SALSA) failed to ensure the responsible party reviewed the updated plans of care. The findings include:
   a. Client #1 was admitted to the assisted living program on 7/17/15 with diagnoses that included coronary artery disease, insulin-dependent diabetes mellitus, hyponatremia, and hyperlipidemia.
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POC Accepted MK 2/13/18

Brighton Gardens of Stamford
Plan of Correction– Stamford Ct.

Name of Community: Brighton Gardens of Stamford
Address of Community: 59 Roxbury rd. Stamford, CT 06902
License number: A- 130838
Inspection date(s): July 13,14,2017
Name/Title of Sunrise Representative Signing the Plan of Correction:
Mary Kay Polacek, RN/SALSA
Signature of Sunrise Representative: MaryKay Polacek RN
Date of Submission: 2/7/18

Regulation (D Prefix TAG)	Short-term Plan of Correction Description of what has been done to correct the deficiency	Long-term Plan of Correction Operational changes to prevent recurrence of the deficiency	Individual (by position) responsible to monitor continued compliance	Completion Date
19-13-D105(m)(1)	A retraining and in-service was conducted for the entire wellness nursing staff including the SALSA, and designee on Policy and Procedures re: Notifying responsible parties of changes and billing no less than 15 days prior to implementing the charges. See attachment A	Follow up trainings will be done quarterly. The SALSA will audit plans of care weekly for 6 months for compliance in notification to responsible parties for changes in billing. Findings of the audit will be reviewed at the monthly Quality Assurance Performance Improvement meeting for 6 months and changes to the POC will be made according to POC compliance.	The SALSA is responsible for conducting and arranging in-service's and trainings for the wellness nurses. The SALSA will conduct audit for compliance and report to monthly QAPI meeting.	STP: 2/5/18 LTP: 5/7/18 LTP: 2/22/18
19-13-D105(k)(2)(H)	Responsible party attended CP meeting 10/4/17 and provided signature on ISP. Responsible party was contacted 1/27/18 via telephone for update on 120 day ISP and requested ISP be left at concierge desk for review and signature. Coordinators were in-serviced on documentation with responsible parties for updated plans of care and cost.	SALSA and Coordinators will audit files for documentation of family meetings to ensure notification of changes to care plan and cost monthly for six months. Findings from the audit will be reviewed at the monthly Quality Assurance Performance Improvement meeting for 6 months.	SALSA will in-service coordinators. The SALSA will conduct audit for compliance and report to QAPI meeting.	STP: 10/4/17 and 1/27/18 STP: 2/5/18 LTP: 3/5/18 LTP: 4/26/18

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.