2017

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Brookdale of Farmington
20 Devonwood Drive
Farmington CT 06032
M: Same
Ph: 860-677-1772 Fax 860-155-0099

Signature of FLIS Staff

Melissa J. SanSouci RN Nurse Consultant

Licensure Category: Assisted Living

Licensed Bed Bassinet Capacity: ___

Census: Traditional 88
No memory care unit

Date(s) of onsite inspection: 05/10/17, 05/11/17

Date(s) additional information obtained: ___

Personnel contacted: Beth Prewo, ED; Boguwiela Januszyk RN SA/LA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

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

[ ] See Complaint Investigation # ___

[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 11/14/17

[ ] 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: Melissa SanSouci **DATE OF REPORT:** 05/22/17

[✓] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 5-22-17
Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT:

ENTITY: Brookdale Farmington

DATE(S) OF VISIT: 5/10/17

~~LICENSING~~ INSPECTION NARRATIVE ~~REPORT~~

Number of ALSA clients: 88

Number of home visits: 3 Number of records reviewed: 4

SALSA: Bogumila Januszyk RN "Bonnie"

SALSA Designee:

Home health care contracts/contracts: 0 States no Contracts - typically agencies including Brookdale - pts choice of agency

Name: Brookdale Hc

Address: McLean Interim

Phone:

Name: Farmington Valley

Address:

Phone:

Managed Residential Community visited: Brookdale Farmington

Service Coordinator: Gina Whipple

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

Rev.7/04-

SIGNATURE: Melissa J Sansoucie RN

DEPARTMENT OF PUBLIC HEALTH
HOSPITAL AND MEDICAL CARE DIVISION

INSPECTION MATERIALS CHECKLIST
ASSISTED LIVING SERVICES AGENCY

Assisted Living Services Agency BROOKDALE FARMINGTON

Address 20 Devonwood Dr

City FARMINGTON State CT Zip Code 06032

The Inspection Materials Checklist is to be used to identify any new or revised agency materials since the last licensure inspection. Please complete as appropriate for your agency and have any materials so identified available for review.

Agency Materials	New	Revised
BY-LAWS OR RULES OF ORDER		
POLICIES/PROCEDURES		
Client Care Policies/Procedures		
o Admission		✓
o Assisted Living Aide Program		
o Discharge		
o Emergency		
o Administration of Medications		✓
o Complaint Procedure		
Nursing Service		
PERSONNEL POLICIES-for the assisted living services agency		
Orientation		✓
In-service education		✓
Required health examinations		
Annual performance evaluation policy		
Job description-supervisor of assisted living services		
Job description-assisted living aide		
QUALITY ASSURANCE PROGRAM/PLAN		
BILL OF RIGHTS		
PUBLIC INFORMATION MATERIALS		

PLEASE IDENTIFY ANY OTHER NEW MATERIALS DEVELOPED _____

Supervisor of Assisted Living Services Signature: Bonnie Jones Keough RN

Date: 5/10/17

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

November 14, 2017

Bogumila Januszyk, Supervsior of Assisted Living Services Agency
Brookdale Farmington
20 Devonwood Drive
Farmington, CT 06032

Dear Ms. Januszyk:

Unannounced visits were made to Brookdale Farmington on May 10 and 11, 2017 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a licensing inspection.

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 visits.

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 November 28, 2017 or if a request for a meeting is not made by the stipulated date, the violation 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 may be subject to disciplinary action.

DATES OF VISIT: May 10 and 11, 2017

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

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

Respectfully,

Loan D Nguyen

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

LDN:lsl

DATES OF VISIT: May 10 and 11, 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-D 105 (f) Personnel policies for an assisted living services agency (E).

1. Based on review of agency documentation and interview with agency personnel, for five of five employee personnel files (the files of Assisted Living Services Agency/ALSA Aides #1, #2, #3, the Resident Service Coordinator and Registered Nurse/RN # 1) reviewed during the survey, the ALSA failed to ensure the personnel files met the requirements. The findings include:
   a. The Resident Service Coordinator had a hire date of 07/14/16. Interview and review of the personnel file with the Business Director (BD) and the Executive Director (ED) on 05/11/17 identified a physical examination dated 04/11/16 but failed to identify documentation from the physician that the employee was free from communicable disease prior to interaction with the clients.
   b. Registered Nurse (RN) #1 had a hire date of 09/02/11 and started working in 2012 as a part-time nurse at the ALSA. Interview and review of the personnel file with the BD and the ED on 05/11/17 identified a physical examination dated 02/22/12 but failed to identify documentation from the physician that the employee was free from communicable disease prior to assignment with clients.
   c. Aide #1 had a hire date of 11/30/2000. Interview and review of the personnel file with the BD and the ED on 05/11/17 identified a physical examination dated 07/14/2000 and failed to identify documentation from the physician that the employee was free from communicable disease prior to assignment with clients.
   d. Aide #2 had a hire date of 04/19/17. Interview and review of the personnel file with the BD and the ED on 05/11/17 failed to identify a physical examination, evidence of tuberculin testing and/or documentation from the physician that the employee was free from communicable disease prior to assignment with clients.
   e. Aide #3 had a hire date of 0718/14. Interview and review of the personnel file with the BD and the ED identified a physical examination dated 07/21/14 and failed to identify documentation from the physician that the employee was free from communicable disease prior to assignment with the clients.

POC Approved
12/04/17
M Barbosa RN

BROOKDALE
FARMINGTON
SENIOR LIVING SOLUTIONS

The following is the Plan of Correction for **Brookdale Farmington** regarding the Statement of Deficiencies dated **November 14, 2017**. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is a submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.

Unannounced visit was made to Brookdale Farmington on May 10 and 11 2017 by a representative of the Facility Licensing and Invesitgation Section of the Department of Public Health for the purposes of conducting a licensing inspection. The findings are as follows:

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (f) Personnel policies for an assisted living services agency (E)

1.a. **Personnel file of Resident Service Coordinator, hire date of 07/14/16, failed to identify documentation from the physician that the employee was free from communicable disease prior to interaction with the clients.**

1.b. **Personnel file of Registered Nurse (RN), hire date of 09/02/11, failed to identify documentation from the physician that the employee was free from communicable disease prior to assignment with the clients.**

1.c. **Personnel file of Aide #1, hire date of 11/30/2000, failed to identify documentation from the physician that the employee was free from communicable disease prior to assignment with the clients.**

1.d. **Personnel file of Aide #2, hire date of 04/19/2017, failed to identify a physical examination, evidence of tuberculin testing and/or documentation from the physician that the employee was free from communicable disease prior to assignment with the clients.**

1.e. **Personnel file of Aide #3, hire date of 07/18/2014, failed to identify documentation from the physician that the employee was free from communicable disease prior to assignment with the clients.**

20 Devonwood Drive
Farmington, CT 06032
Phone (860) 677-1772
brookdale.com

Poc Approved
12/04/17
M Sanborn

A Corrective Action:

1. District Director of Clinical Services will review and re-educate Executive Director, Director of Financial Services, and SALSA on policy 402 Associate Physicals
2. Director of Financial Services will conduct a 100% audit of all Personnel Records to verify current files are in compliance.
3. Associate files that were found out of compliance were reviewed. It was determined testing and examination were completed prior to working with clients however, missing the verbiage of 'Free from Communicable Disease'. Concentra validated associates were 'Free from Communicable Disease' and completed documentation with correct verbiage annotated.
4. Director of Financial Services will develop tracking tool to ensure all new hire and annual testing are completed as per regulations.

B. Completion Date:

1. Re-education was completed on May 11, 2017.
2. 100% Audit of all Personnel Records completed on by November 30, 2017
3. Correction of documentation completed by May 30, 2017
4. Tracking tool will be completed on or before December 1, 2017

C. Ongoing Quality Assessment and Performance Improvement Process:

1. Business Office Manager will conduct an audit of 25% of the associate personnel files monthly for a period of 4 months to ensure continued compliance with the expectation of 100% compliance.

D. Executive Director will be responsible for the ongoing monitoring of this plan

Chris

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   e. Aide #3 had a hire date of 0718/14. Interview and review of the personnel file with the BD and the ED identified a physical examination dated 07/21/14 and failed to identify documentation from the physician that the employee was free from communicable disease prior to assignment with the clients.