Section 3

2019

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Brookdale West Hartford
22 Simsbury Rd
West Hartford CT 06117
M: 860-523-9897

Signature of FLIS Staff

Michael J. Smith, Nurse Consultant

Licensure Category:

Assisted Living

Licensed Bed / Bassinet Capacity: ___

Census: ___

Date(s) of onsite inspection: 4/3/19 + 4/4/19

Date(s) additional information obtained: ___

Personnel contacted: Beata Kozubal, RN, MSN; Renata Ogrodnik, Ex Director

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 # CT 25177

[ ] 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 4-8-19

[ ] 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 Smith **DATE OF REPORT:** 4/4/19

Approval for issuance of license granted by: Joan O Brayer **DATE:** 4-8-19
Supervisor/Title

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH
Commissioner-Designate

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality And Safety Branch

April 9, 2019

Beata Kozubal, Supervisor of Assisted Living Services Agency
Brookdale West Hartford
22 Simsbury Road
West Hartford, CT 06117

Dear Ms. Kozubal:

Unannounced visits were made to Brookdale West Hartford on April 4, 2019 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation.

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.

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 April 23, 2019.

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.

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 April 23, 2019 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

DATES OF VISIT: April 3 and 4, 2019

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

LN:mb

CT # 25177

DATES OF VISIT: April 3 and 4, 2019

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

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing authority of an assisted living services agency (4) (A) and/or (g) Supervisor of assisted living services (2) (A) and/or (B) and/or (h) Nursing Services provided by an assisted living services agency (3) (C) and/or (D) and/or (i) Assisted living aide services provided by an assisted living services agency (3) (A) and/or (5) (B) and/or (k) Client service record (2) (K) and/or (L).

1. Based on review of the clinical record and interview with agency personnel, for one of one client (Client # 1) who required services from the Assisted Living Services Agency/ALSA aide, the Assisted Living Services Agency/ALSA failed to ensure the services were provided. The findings include:

   a. Client # 1 was admitted to the ALSA services on 12/10/16 with diagnoses that included Type II diabetes mellitus, Parkinson's disease, hypertension and abnormality of gait. Client # 1's service plan identified the need for assistance with dressing, grooming, bathing, incontinence care and indicated that Client # 1 was unable to walk secondary to weakness, required the assistance of two persons for transfer to the wheelchair.

   ALSA Aide # 1 was scheduled to work from Friday 3/22/19 at 11 PM to 3/23/19 at 6:30AM, and was assigned to care for Client # 1. Also assigned to work on the same shift was ALSA Aide # 2, of the opposite gender.

   After ALSA Aide # 1 left the facility at the end of the shift at 6:45AM on 3/23/19, the day shift staff ALSA Aide # 3 and Licensed Practical Nurse/LPN # 1 went into Client # 1's apartment, found Client # 1 seated in the recliner chair, incontinent, still wearing the clothes from the previous day, soiled with food. LPN # 1 called the Executive Director, who contacted ALSA Aide # 1.

i. ALSA Aide # 1 acknowledged that ALSA Aide # 1 failed to provide incontinence care to Client # 1 during the entire shift, under the pretext that Client # 1 did not like ALSA Aide # 1 secondary to gender issues, but failed to indicate that ALSA Aide # 1 enrolled the assistance of ALSA Aide # 2 of the opposite gender, and failed to indicate that ALSA Aide # 1 reported the client's preferences to the ALSA nurse, to ensure the delivery of the necessary services to Client # 1;

ii. Interview and review of the ALSA policies and procedures with the SALSA on 4/3/19 failed to identify a process in place to monitor the performance of the staff scheduled to work from 11PM to 6:30PM and ensure proper delivery of services to the clients;

iii. While the SALSA indicated to the surveyor that prior to the incident with ALSA Aide # 1, Client # 1 exhibited intact skin, and following ALSA Aide # 1's failure to provide hygiene, repositioning and assistance with transfer to bed to Client # 1, the client developed two pressure ulcers on the coccyx, interview and review of the ALSA documentation with the

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

SALSA on 4/3/19 failed to identify documentation of assessments by the ALSA nurses prior to 3/22/19 of Client # 1's skin condition;

iv. On 1/4/19, Client # 1 elected the hospice benefit. The hospice documentation identified a pressure ulcer on Client # 1's coccyx 2.1cm x 1.6cm x 0.1cm and a pressure ulcer on Client # 1's left gluteal 2.5cm x 1.8cm x 0.1 cm. Interview and review of the Memorandum of Understanding developed between the ALSA and Hospice Agency # 1 identified the need for wound care, but failed to identify the delineation of responsibilities for wound care when the hospice nurse was not present and the client required dressing changes secondary to daily incontinence;

v. The ALSA nursing notes indicated that Client # 1 acquired two pressure ulcers on the coccyx on 3/23/19 following the incident with ALSA Aide # 1. However interview and review of the ALSA Skin Management Form dated 4/1/19 with the SALSA on 4/3/19 identified nursing documentation of the initial wound date as 3/28/19 instead of 3/23/19, and failed to identify accuracy of the nursing documentation.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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April 9, 2019

Beata Kozubal, Supervisor of Assisted Living Services Agency
Brookdale West Hartford
22 Simsbury Road
West Hartford, CT 06117

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Connecticut Department of Public Health

Phone: (860) 509-7400 • Fax: (860) 509-7543
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph
Affirmative Action/Equal Opportunity Employer

DATES OF VISIT: April 3 and 4, 2019

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Respectfully,

Loan D Nguyen

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

LN:mb

CT # 25177

DOC accepted 4/25/19 MdmiR

DATES OF VISIT: April 3 and 4, 2019

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1. Based on review of the clinical record and interview with agency personnel, for one of one client (Client # 1) who required services from the Assisted Living Services Agency/ALSA aide, the Assisted Living Services Agency/ALSA failed to ensure the services were provided. The findings include:

   a. Client # 1 was admitted to the ALSA services on 12/10/16 with diagnoses that included Type II diabetes mellitus, Parkinson's disease, hypertension and abnormality of gait. Client # 1's service plan identified the need for assistance with dressing, grooming, bathing, incontinence care and indicated that Client # 1 was unable to walk secondary to weakness, required the assistance of two persons for transfer to the wheelchair.

   ALSA Aide # 1 was scheduled to work from Friday 3/22/19 at 11 PM to 3/23/19 at 6:30AM, and was assigned to care for Client # 1. Also assigned to work on the same shift was ALSA Aide # 2, of the opposite gender.

   After ALSA Aide # 1 left the facility at the end of the shift at 6:45AM on 3/23/19, the day shift staff ALSA Aide # 3 and Licensed Practical Nurse/LPN # 1 went into Client # 1's apartment, found Client # 1 seated in the recliner chair, incontinent, still wearing the clothes from the previous day, soiled with food. LPN # 1 called the Executive Director, who contacted ALSA Aide # 1.

i. ALSA Aide # 1 acknowledged that ALSA Aide # 1 failed to provide incontinence care to Client # 1 during the entire shift, under the pretext that Client # 1 did not like ALSA Aide # 1 secondary to gender issues, but failed to indicate that ALSA Aide # 1 enrolled the assistance of ALSA Aide # 2 of the opposite gender, and failed to indicate that ALSA Aide # 1 reported the client's preferences to the ALSA nurse, to ensure the delivery of the necessary services to Client # 1;

ii. Interview and review of the ALSA policies and procedures with the SALSA on 4/3/19 failed to identify a process in place to monitor the performance of the staff scheduled to work from 11PM to 6:30PM and ensure proper delivery of services to the clients;

iii. While the SALSA indicated to the surveyor that prior to the incident with ALSA Aide # 1, Client # 1 exhibited intact skin, and following ALSA Aide # 1's failure to provide hygiene, repositioning and assistance with transfer to bed to Client # 1, the client developed two pressure ulcers on the coccyx, interview and review of the ALSA documentation with the

POC Rec'd 4/25. mdh

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

SALSA on 4/3/19 failed to identify documentation of assessments by the ALSA nurses prior to 3/22/19 of Client # 1's skin condition;

iv. On 1/4/19, Client # 1 elected the hospice benefit. The hospice documentation identified a pressure ulcer on Client # 1's coccyx 2.1cm x 1.6cm x 0.1cm and a pressure ulcer on Client # 1's left gluteal 2.5cm x 1.8cm x 0.1 cm. Interview and review of the Memorandum of Understanding developed between the ALSA and Hospice Agency # 1 identified the need for wound care, but failed to identify the delineation of responsibilities for wound care when the hospice nurse was not present and the client required dressing changes secondary to daily incontinence;

v. The ALSA nursing notes indicated that Client # 1 acquired two pressure ulcers on the coccyx on 3/23/19 following the incident with ALSA Aide # 1. However interview and review of the ALSA Skin Management Form dated 4/1/19 with the SALSA on 4/3/19 identified nursing documentation of the initial wound date as 3/28/19 instead of 3/23/19, and failed to identify accuracy of the nursing documentation.

BROOKDALE
— SENIOR LIVING SOLUTIONS —

POC accptd 4/25/19 pdm

The following is the Plan of Correction for **Brookdale West Hartford** regarding the Statement of Deficiencies dated **April, 9 2019**. 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 West Hatford on April 4, 2019 by a representative of the Facility Licensing and Invesitgation Section of the Department of Public Health for the purposes of conducting an investigation. The findings are as follows:

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing authority of an assisted living agency (4) (A) and or (g) Supervisor of assisted living service (2) (A) and/or (B) and/or (h) Nursing services provided by an assisted living services agency (3)(C) and/or (D) and/or (i) Assisted living aide services provided by an assisted living services agency (3) (A) and/or (5) (B) and/or (k) Client service record (2) (K) and/or (L).

1. Assisted Living Services Agency failed to ensure the services were provided

1.a.i. ALSA Aide #1 failed to provide incontinence care to Client #1 during the entire shift under the pretext that Client #1 did not like ALSA Aide #1 secondary to gender issues, but failed to indicate that ALSA Aide #1 enrolled the assistance of ALSA Aide #2 of the opposite gender, and failed to indicate that ALSA Aide #1 reported the client's preferences to the ALSA nurse, to ensure the delivery of the necessary services to Client #1;

A Corrective Action:
   1. ALSA Aide #1 was suspended pending completion of investigation and subsequently terminated.

B. Completion Date: Termination of ALSA Aide was completed on 3/26/2019

C. Ongoing Quality Assessment and Performance Improvement Process:
   1. SALSA will continue routine CNA Supervision visits utilizing established Assisted Living Aide Training and Competency Checklist

POC accepted 4/25/19 mdw

2. SALSA will continue monthly staff meetings on third shift
3. SALSA will implement random resident interviews on a weekly basis for a four month period to ensure resident satisfaction with services. The expectation is a 95% satisfaction report.

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

1.a.ii. Interview and review of the ALSA policies and procedures with the SALSA on 4/3/19 failed to identify a process in place to monitor the performance of the staff scheduled to work from 11PM to 6:30AM and ensure proper delivery of services to the clients;

A Corrective Action:
1. SALSA will continue routine CNA Supervision visits
2. SALSA will continue monthly staff meetings on third shift
3. SALSA will implement random resident interviews

B. Completion Date: Random weekly resident interviews will be implemented by 4/26/19

C. Ongoing Quality Assessment and Performance Improvement Process:
1. SALSA will continue routine CNA Supervision visits at a minimum of bi-annually on going for all CNA's compliance expectation is 95%.
2. SALSA will continue monthly staff meetings on third shift
3. SALSA will continue random third shift visits for the purpose of making rounds to ensure CNA assignments are completed as per care plans.
4. SALSA will implement random resident interviews on a weekly basis for a four month period to ensure resident satisfaction with services. The expectation is a 95% satisfaction report.

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

1.a.iii. Interview and review of the ALSA documentation with the SALSA on 4/3/19 failed to identify documentation of assessments by the ALSA nurses prior to 3/22/19 of Client #1's skin condition;

1. SALSA or designee will continue to complete Skin Observation forms with each reassessment. Client #1 skin assessments were completed 11/29/18 and 3/6/19 as per assessment policy and state regulations.
2. Skin evaluation was completed on 3/23/19 the day ALSA Aide failed to render care
3. Documentation is done by exception therefore there would be no need for further documented skin assessments outside of the previously completed until such time as a change was noted.

POC Accepted 4/25/19

1.a.iv. On 1/4/19 Client elected the hospice benefit. Interview and review of the Memorandum of Understanding developed between the ALSA and the Hospice Agency #1 identified the need for wound care, but failed to identify the delineation of responsibilities for wound care when the hospice nurse was not present and the client required dressing changes secondary to daily incontinence;

A Corrective Action:
1. SALSA will meet with Hospice Agency to advise that a new or amended Memorandum of Understanding will be needed when change in condition warrants adaptation to current Plan of Care.

B. Completion Date: May 15, 2019

C. Ongoing Quality Assessment and Performance Improvement Process:
1. All Homecare and Hospice documentation [to include MOU, 485, visit notes, or case conference notes] will be kept in a binder for the duration of the episode and be reviewed by HWD weekly. This is an ongoing process with a 95% compliance expectation.
2. HWD and Third-Party Provider will amend Memorandums of Understanding as necessary.

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

1.a.v. Interview and review of the ALSA Skin Management Form dated 4/1/19 with the SALSA on 4/3/19 identified nursing documentation of the initial wound date as 3/28/19 instead of 3/23/19, and failed to identify accuracy of the nursing documentation;

A Corrective Action:
1. SALSA will in-service all nursing staff on the proper procedure for documentation correction

B. Completion Date: In-servicing will be completed by May 30, 2019

C. Ongoing Quality Assessment and Performance Improvement Process:
1. SALSA or designee will audit 100% of all clinical records over a 4 month period for any documentation corrections that are out of compliance and re-educate staff as necessary

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