2017

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

LICENSING INSPECTION REPORT

D/B/A Name and Address of Entity

The Greens at Cannondale
435 Danbury Rd
Wilton CT 06897

Signature of Survey Staff

Melissa J. Sansouci RN Nurse Consultant

Licensure Category: Assisted Living Services Agency

~~Licensed Bed/Bassinet Capacity:~~ (n)

Census: 128

Date(s) of onsite inspection: 06/21/16, 06/22/16, 06/23/16

Date(s) additional information obtained: _____

Personnel contacted: Ron Bucci ED, Roseline Bangwa RN Supv

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

[ ] 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 September 8, 2017

[ ] Desk Audit _____ [ ] Amended Letter date: _____

[ ] 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.

[ ] Referred to: _____.

REPORT SUBMITTED BY: Melissa J. Sansouci RN **DATE OF REPORT:** 6/23/16

[ ] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 9-6-17
Supervisor/Title

ENTITY: The Greens at Cannondale

DATE(S) OF VISIT: 06/21/14, 06/22/14, 06/23/14

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 128

Number of home visits: 2 Number of records reviewed: 4

SALSA: Roseline Bangura

SALSA Designee: Kelly Dunne

Home health care contracts/contracts:

Hospice - eff 4/30/15
Visiting Nurse + Hospice of Fairfield County
P.O. Box 489
Wilton CT 06897

Name: Constellation HC Signed - eff 12/1/12
Address: 14 Westport Ave with 1 year renewal
Norwalk CT 06851
Phone:

Name: Bridgefield VNA. Contract dated
Address: 90 East Ridge 12/14/10
Bridgefield CT 06877
Phone:

Managed Residential Community visited: The Greens at Cannondale

Service Coordinator: Brenda Fay

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

Rev.7/01

SIGNATURE: Melissa J. Santoro

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

September 8, 2017

Rosaline Banguela, Supervisor of Assisted Living Services Agency
The Greens At Cannondale
435 Danbury Road
Wilton, CT 06897

Dear Ms. Banguela:

Unannounced visits were made to The Greens At Cannondale on June 23, 2016 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 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 September 22, 2017 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 may be subject to disciplinary action.

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

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

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

ACCREDITED HEALTH DEPARTMENT
PHAB
PUBLIC HEALTH ACCREDITATION BOARD

DATES OF VISIT: June 21, 22 and 23, 2016

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

LN:mb

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

identify the timely administration of medications in accordance with the plan of care, and failed to identify notification to the SALSA, the family and/or the physician of the missed doses and the need for a medication refill;

LPN #2 was not available for interview during the survey;

iv. Interview and review of the June 2016 MAR with the SALSA on 06/22/16 identified LPN #3's initials on 06/10/16 in the space allotted for the administration of Donepezil 10 mg along with the documentation "not done due to missing meds," failed to identify the timely administration of medications in accordance with the plan of care, and failed to identify notification to the SALSA, the family and/or the physician of the missed doses and the need for a medication refill.

LPN#3 was not available for interview during the survey.

The agency policy on Medication and Drug Administration directed the professional member to report to the physician any medication problems, and document further action taken.

The following are violations of the Regulations of Connecticut State Agencies Section D19-13-D105. Assisted living services agency (f) personnel policies for an assisted living services agency (1) (A) and/or (D) and/or (E) and/or (2) (E) and/or (F) and/or (g) Supervisor of assisted living services (2) (C):

2. Based on review of personnel files, agency documentation and interview with agency personnel, for eight of eight personnel files (the files of ALSA Aides #1, #2 #3, #4, #5, #6, the SALSA and the RN Designee) reviewed during survey, the agency failed to ensure the personnel files met the requirements. The findings include:

A. The Supervisor of Assisted Living Services (SALSA) had a hire date of 12/27/12. Interview and review of the personnel file with the Wellness Administration Assistant on 06/22/16 at 1:45 p.m. failed to identify documentation of a medical physical examination and/or tuberculin (TB) testing prior to assignment to client care and/or failed to identify orientation to the position of SALSA.

The SALSA indicated on 6/22/16 that the SALSA had the required physical examination and TB testing prior to employment and expected the documentation to be filed.

B. The RN Designee had a hire date of 08/01/12. Interview and review of the personnel file with the Wellness Administration Assistant on 06/22/16 at 1:45 p.m. failed to identify documentation of a medical physical examination and/or TB testing prior to assignment to client care and/or failed to identify documentation of orientation to the role of RN Designee initiated on 04/10/16.

C. Aide #1 had a date of hire of 02/11/14. Interview and review of the personnel file with the Wellness Administration Assistant on 06/22/16 at 1:45 p.m. failed to identify the completion of a clinical competency evaluation by the SALSA.

DATES OF VISIT: June 21, 22 and 23, 2016

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

D. Aide #2 had a date of hire of 11/19/14. Interview and review of the personnel file with the Wellness Administration Assistant on 06/22/16 at 1:45 p.m. failed to identify the completion of a clinical competency evaluation by the SALSA and/or the documentation of an annual physical examination and TB testing.

E. Aide #3 had a date of hire of 02/11/14. Interview and review of the personnel file with the Wellness Administration Assistant on 06/22/16 at 1:45 p.m. failed to identify the completion of a clinical competency evaluation by the SALSA.

F. Aide #4 had a date of hire of 08/20/13. Interview and review of the personnel file with the Wellness Administration Assistant on 06/22/16 at 1:45 p.m. failed to identify the completion of a clinical competency evaluation by the SALSA.

G. Aide #5 had a date of hire of 01/07/15. Interview and review of the personnel file with the Wellness Administration Assistant on 06/22/16 at 1:45 p.m. failed to identify the completion of a clinical competency evaluation by the SALSA and/or the documentation of an annual physical examination.

H. Aide #6 had a date of hire of 02/04/13. Interview and review of the personnel file with the Wellness Administration Assistant on 06/22/16 at 1:45 p.m. failed to identify the completion of a clinical competency evaluation by the SALSA.

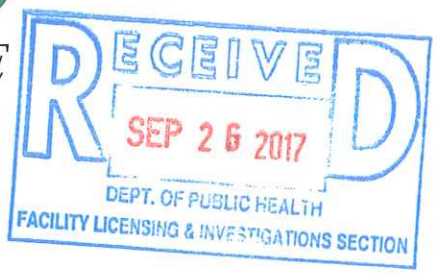
I. The Wellness Administration Assistant had a hire date of 08/04/09 for the position of certified nurse's aide (CNA/ALSA aide), and transferred to the current position of Wellness Administration Assistant in 2012.

Interview and review of the personnel file of the Wellness Administration Assistant with the SALSA on 06/23/16 failed to identify a signed written job description for the Wellness Administration Assistant until 06/23/16, subsequent to the surveyor inquiry on 06/22/16.

chris

PoC Approved
11/16/17
M. San Juan, RN

The Greens AT CANNONDALE



Loan Nguyen, M.S.N., R.N., C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section
410 Capitol Avenue
PO Box 340308
Hartford, CT 06134-0308

September 21, 2017

Dear Ms. Nguyen,

In response to your letter dated September 8, 2017, please note the enclosed Plan of Correction for The Greens at Cannondale.

The filing of this Plan of Correction does not constitute an admission that the deficiencies alleged did in fact exist. The plan is filed as evidence of the facility's desire to continue to provide high quality care. This Plan of Correction constitutes the facility's credible allegation of substantial compliance.

We continue to enjoy our partnership with the Department in the spirit of providing high quality, safe and dignified care for our seniors.

Please do not hesitate to contact me should you have any questions or concerns.

Sincerely,

Rosaline Banguela, RN

Rosaline Banguela, RN

Supervisor of Assisted Living Services Agency
The Greens At Cannondale

435 Danbury Road • Wilton, Connecticut 06897
(203) 761-1191 • Fax: (203) 761-1193 • (888) 256-1707
www.thegreensatcannondale.com

POC Approved
11/14/17
M San Souci RN

The Greens at Cannondale
Plan of Correction – Connecticut State Agencies / or General Statutes of CT
Survey completed June 23, 2016

Alleged violation #2 - Section 19-13-D105 Assisted living services agency (f) personnel policies for an assisted living services agency (1) (A) and/or (D and/or (E) and/or (2) (E) and/or (F) and/ or g) Supervisor of assisted living services (2) (C):

The filing of this Plan of Correction does not constitute an admission in any forum by The Greens at Cannondale, or its officers, directors, employees, or contractors, as to the Department's findings or as to the specific violations alleged. The Greens at Cannondale files these Plans of Correction in the spirit of maintaining optimal resident care.

1) The ALSA orientation, health screening, job description and competency processes have been re-organized including check sheets for these activities consistent with ALSA policy. Business Office Manager and Wellness Administration Assistant were in-serviced to the above on July,8 2016.

2) This corrective measure was effectuated on July 22, 2016.

3) Random employment file audits will be conducted five/week until 100% compliance is complete and there after no less than quarterly to ensure that that this corrective measure is sustained.

4) The ALSA staff Development Director will be responsible for monitoring this individual Plan of Correction.

Submitted,

Rosaline Banguela, RN

Rosaline Banguela, RN

SALSA,
The Greens at Cannondale

POC Approved
11/16/17
M Sansoucie RN

The Greens at Cannondale
Plan of Correction – Connecticut State Agencies / or General Statutes of CT
Survey completed June 23, 2016

1) Alleged violation # 1 - Section 19-13-D105 (h) Nursing services provided by an assisted living services agency (3) (J (v):

The filing of this Plan of Correction does not constitute an admission in any forum by The Greens at Cannondale, or its officers, directors, employees or contractors, as to the Department's findings or as to the specific violations alleged. The Greens at Cannondale files these Plans of Correction in the spirit of maintaining optimal resident care.

1) All licensed nursing staff were re-in serviced on "medication administration and documentation" on July 6, 2016. Starting September 26, 2017 all licensed nursing staff were re-educated on medication administration and documentation with a medication test. All licensed staff completed this re-education and test on October 15, 2017. All new licensed employees will be in-serviced on medication administration and documentation which will include a medication test.

2) This corrective measure will be effectuated by October 21, 2017.

3) Random medication audits will be conducted twice/week until 100% compliance is complete and there after no less than quarterly to ensure that this corrective measure is sustained.

4) The ALSA Staff Development Director will be responsible for monitoring this individual Plan of Correction.