Accepted 5/9/24 ETstaff SDC

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

May 6, 2024

Kate Petersen, SALSA
Pomperaug Woods
80 Heritage Road
Southbury, CT 06488
Via E-mail: KPetersen@pomperaugwoods.com

Dear Ms. Petersen:

An unannounced visit was made to Pomperaug Woods on April 23, 2024 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation and a licensure renewal 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 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 May 16, 2024.

The plan of correction shall include:
(1) The measures that the institution intends to implement or systemic changes that the institutionintends 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 toensure that the corrective measure or systemic change is sustained; and

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The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (g) Supervisor of assisted living services (2)(A)(B) and/or (k) Client service record (1)(L).

1. Based on clinical record reviews and interviews with agency personnel for one of three clients in the survey sample (Client #1) who depended on the Assisted Living Services Agency (ALSA) for assistance with activities of daily living, medication management and nursing assessments. The agency failed to maintain a complete service record for a client. The findings include:

    a. Client #1 was admitted to the agency on 5/21/2021 with diagnosis of dementia, high blood pressure, heart murmur and atrial fibrillation and resided in the secured memory care unit. Client #1 was admitted to hospice services on 03/18/2024. The Client's 120-day nursing assessment and service plan dated 03/18/2024, identified the Client required nursing assessments, medication administration and assistance from an ALSA aide with dressing, grooming, bathing, toileting, and transfers.

    Interview and review of Client #1's clinical record with the Supervisor of Assisted Living Services Agency (SALSA) on 04/23/2024 at 1:00 PM, identified the agency's ALSA aides failed to consistently sign off that morning and evening personal care was provided, and wander guard checks occurred in the Client's care log from 03/26/2024 through 04/22/2024.

    – Plan of Correction to Violation #1

    (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;
    The staff will be inserviced and instructed how to properly document morning and evening personal care and wanderguard checks for the residents.

    (2) The date each such corrective measure or change by the institution is effective;
    Friday May 17, 2024

    (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;
    An Audit will be performed five times a week for 2 weeks, then twice weekly for 2 weeks, then once weekly for 2 weeks or until substantial compliance is met.

    (4) The title of the institution's staff member that is responsible for ensuring the institution's compliance with its plan of correction.
    SALSA or designee