STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality And Safety Branch

May 9, 2024

Emily Slattery, Executive Director
Old Glory Days
211 Woodbury Rd
Watertown, CT 06795
Via Email: info@oldglorydays.com

Dear Ms. Slattery:

An unannounced visit was made to Old Glory Days on April 4, 2024 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a relicensure and complaint 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 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 to the Department by May 19, 2024.

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.

DATE OF VISIT: April 4, 2024

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

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.

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 May 19, 2024, or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

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

Please return your response to Elizabeth Heiney, Supervising Nurse Consultant, at Elizabeth.Heiney@ct.gov. Please direct your questions concerning the instructions contained in this letter to Elizabeth Heiney directly at (860) 509-8059. Please do not send another copy via US mail.

Respectfully,

/s/

Elizabeth Heiney, BS, RN, BC
Supervising Nurse Consultant
Facility Licensing and Investigations Section

EH:csf

c. VL
Complaint #38271

DATE OF VISIT: April 4, 2024

THE FOLLOWING VIOLATIONS 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 (e) General Requirements for an assisted living services agency (1) and (l) Quality assurance program for an assisted living service agency (1)(2).

1. Based on review of agency documentation, the Assisted Living Services Agency (ALSA) failed to ensure the quality assurance committee had met at least once every one-hundred and twenty (120) days in accordance with the regulations of the state of Connecticut. The findings include:
   a. Interview and review of the agency's documentation with the Executive Director on 04/04/2024 at 11:00 AM, identified the last quality assurance meeting was 08/29/2023, but failed to identify a meeting had been conducted to date.

Plan of Correction for Violation #1:

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 (e) General Requirements for an assisted living services agency (1) and (g) Supervisor of assisted living services (2)(A)(B) and (h) Nursing Services provided by an assisted living services agency (3)(E) and (i) Assisted living aide services provided by an assisted living services agency (5)(B).

2. Based on record reviews, agency documentation, and interview with agency personnel for three of three clients (Client #1, #2, and #3). The Assisted Living Services Agency (ALSA) failed to complete supervision of the ALSA aides to ensure ongoing competence in accordance with the regulations of the state of Connecticut. The findings include:
   a. Interview and review of Client #1, #2 and #3's clinical records with the Executive Director on 04/04/2024 at 11:15 AM, failed to identity supervision of services rendered by the assisted living aides were conducted.

Plan of Correction for Violation #2:

DATE OF VISIT: April 4, 2024

THE FOLLOWING VIOLATIONS 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 (e) General requirements for an assisted living services agency (1) and/or (g) Supervisor of assisted living services (2 (A)(B) and/or (m) Client's bill of rights and responsibilities (5).

3. Based on clinical record reviews, interviews with agency personnel and agency policies 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 ensure a client's safety and failed to follow the agency's Abuse, Fraud and Wrongdoing policy. The findings include:
   a. Client #1 was admitted to the agency on 12/15/2023 with diagnosis of dementia, urinary tract infections, stroke with right side paralysis, high blood pressure, osteoarthritis, and anxiety. The Client's service plan dated 12/15/2023 and initial nursing assessment dated 01/15/2024 identified the Client required nursing assessments, medication administration and assistance from an ALSA aide with dressing, grooming, bathing, toileting, and transfers from the wheelchair.

      Review of Client #1's nursing note dated 03/04/2024, identified at 5:06 PM ALSA aide #1 contacted Registered Nurse (RN) #1 to report the Client fell out of his/her wheelchair onto the floor. ALSA aide #1 indicated she was in the kitchen at the time and did not witness the Client fall. The Executive Director identified a visitor to the agency witnessed Client #1 slid out of his/her wheelchair onto the floor but did not hit his/her head. The Client was assisted back into the wheelchair and RN #1 contacted the Client's Hospice RN for an assessment. Client #1 was assessed by the Hospice RN on 03/04/2024 at 8:30 PM and identified no injuries were noted.

      Review of the agency's investigation dated 03/05/2024, identified on 03/04/2024 a visitor to the agency observed ALSA aide #1 reposition Client #1 several times in his/her wheelchair after attempting to slide out of the wheelchair. The visitor identified ALSA aide #1 stated to Client #1, if he/she continued to slide out of the wheelchair, she would let Client #1 fall to the floor and call emergency medical services (911). The visitor observed ALSA aide #1 and ALSA aide #2, watching the Client slide to the floor from the wheelchair without intervening. As a result of the investigation, ALSA aide #1 and #2 were terminated.

      Interview and review of the agency's investigation with the Executive Director on 4/04/2024 at 11:45 AM, failed to identify the ombudsman (a state assigned individual who acts as a client advocate) and Adult Protective Services were notified of the incident involving Client #1 in accordance with the agency's Abuse, Fraud and Wrongdoing policy.

DATE OF VISIT: April 4, 2024

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

Review of the agency's Abuse, Fraud and Wrongdoing policy, identified the community would take all reasonable steps to prevent client abuse and neglect. The Executive Director would report abuse, fraud, and other wrongdoing. If a report of abuse, fraud and other wrongdoing was received, the Executive Director would be notified immediately, any urgent medical or safety issues are addressed immediately, the Executive Director or other designated representative would initiate and investigate and notify the client's responsible party. If the suspected abuse, fraud, or other wrongdoing is substantiated a written report would be made to the appropriate licensing/regulatory agency, the responsible party, the ombudsman, and Adult Protective Services.

Plan of Correction for Violation #3:

Accepted
5/17/24
CT Lewis SNC

Old Glory Days
Assisted Living

Date of visit: April 4, 2024

Plan of Correction for 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;

Old Glory Days will find replacement QA committee members and hold meetings at least every 120 days.

(2) the date each such corrective measure or change by the institution is effective;

Members will be added to the committee by June 30, 2024, and the next meeting will be held by July 31, 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; and

Meetings will be scheduled ahead of time to ensure that they are held in compliance with the regulations.

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

Executive Director

Plan of Correction for Violation #2

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 RN Designee will complete CNA supervisions while SALSA is unavailable.

(2) the date each such corrective measure or change by the institution is effective;

RN Designee, Kristin Ronan, started supervisions on 5/14/24.

(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

CNA supervisions needed will be added to the agenda of monthly meetings between the Executive Director and SALSA/RN Designee.

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

Executive Director

Plan of Correction for Violation #3

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;

A staff in-service will be held to review abuse policy and procedures. Trainings on abuse will completed upon hire and annually thereafter.

(2) the date each such corrective measure or change by the institution is effective;

The in-service will be held by May 31, 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; and

A schedule of required trainings will be followed and reviewed monthly by the Executive Director and SALSA/RN Designee.

(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 RN Designee

Plan of Correction submitted by: Emily Slattery, Executive Director

May 17, 2024