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

LICENSING INSPECTION REPORT

Facility DBA and Address

Farmington Station

111 Scott Swamp Rd. Farmington, CT 06032

M: lmiller@farmingtonSLR.com

Signature of FLIS Staff

Megan Edson-Sawyer — Nurse Consultant

Survey Team Leader: Megan Edson-Sawyer
Supervisor: Elizabeth Heiney

Licensure Category: ALSA
License Number: 220

Licensed Bed Capacity: ___
Licensed Bassinet Capacity: ___
Census: ___

Date(s) of onsite inspection: 07/15/2024

Date(s) additional information obtained: _____

Personnel contacted: Executive Director Lindsay Miller and SALSA MermisaCarney

Email Address: lmiller@farmingtonSLR.com

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 # 388813

☑ 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 _____

☐ 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: Megan Edson-Sawyer DATE OF REPORT: 07/15/2024

☐ Approval for issuance of license granted by: _____ DATE: _____

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

LICENSING INSPECTION NARRATIVE REPORT:

Farmington Station CT#388813 EID 7.15.2024

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (g) Supervisor of assisted living services (2) (A) (B) and/or (h) Nursing Services provided by an assisted living service agency (3) (C).

Based on review of clinical records, agency documentation, an agency investigation, interviews with agency personnel and agency policies for one of two clients (Client #1) in the survey sample with a change in condition, the Assisted Living Service Agency (ALSA) failed to. The findings include:

a. Client #1was admitted to the ALSA on 04/05/2024 and resided in the secured memory care unit with dementia, peripheral vascular disease, spinal stenosis, and urinary incontinence. The Client's 120-day assessment and service plan dated 04/11/2024, identified the Client required nursing services for assessments, medication administration and ALSA aide assistance with grooming, dressing, incontinence care and bathing. Client #1 required assistance and a cane with ambulation.

Review of Client #1's nursing note dated 05/07/2024 identified the Client self-reported sliding out of his/her recliner prior to dinner and further indicated falling multiple times on 05/07/2024. The Client's family and physician were notified and declined transferring the Client to the hospital.

Review of Client #1's nursing note dated 05/09/2024 identified the Client was found on the floor at the foot of his/her bed. The Client denied pain, Emergency Medical Services (EMS) personnel were called and lifted the client off the floor.

Review of Client #1's nursing note dated 05/10/2024 identified the Client was lethargic and confused. The Client's family and physician were notified. Client #1 was transferred to the hospital and returned to the agency on 05/10/2024 with treatment for a urinary tract infection.

Review of Client #1's nursing note dated 05/11/2024 identified the Client fell near his/her bed and Emergency Medical Services (EMS) personnel assisted the Client off the floor. Later that morning, Client #1 presented with increased confusion, lethargy and was transferred to the hospital.

Review of Client #1's nursing note by the Registered Nurse (RN) Designee dated 05/11/2024, identified while the Client was being evaluated in the emergency department, the Client's responsible person reported to the ALSA that the treating physician observed bruises to the Client's hands and forearms and alleged possible abuse.

i. Interview and review of the agency's investigation dated 05/12/2024 with the Executive Director and RN Designee on 05/15/2024 at 11:45 AM, identified the Client had a history of pinching his/her forearms. Additionally, the Executive Director indicated the bruising had been the result of the Client pinching his/her arms, multiple falls and the lift assistance by the EMS personnel. The RN Designee indicated the nursing personnel failed to assess and document the presence of bruising after the Client's falls on 05/07/2024, 05/09/2024 and 05/11/2024 and lift assistance.

Review of the agency's Response to Resident Falls policy identified if it was determined that a client had witnessed or unwitnessed fall, the community associate first to respond to the client would notify a nurse. The nurse would then ensure an RN was notified. Upon notification of a client's fall, the client would be evaluated by the community nurse for injuries, pain, or change in condition.

Review of the agency's Assessment and Service Plan policy identified client assessments and service plans are an important tool that helps to ensure each client receives services as needed. If at any time the client had a significant change of condition, an updated assessment would be conducted.