STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

October 5, 2022

Accepted
10/25/22
LTDeng SNC

Dorothy Wall
Supervisor of Assisted Living Services Agency
The Roses At Guilford House
109 West Lake Avenue
Guilford, CT 06437
via e-mail: salsa@theguilfordhouse.com

Dear Ms. Wall :

An unannounced visit was made to The Roses At Guilford House on September 19, 2022 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a licensure 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 to the Department by October 15, 2022

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.

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 October 15, 2022 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

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.

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

Respectfully,

Elizabeth T. Heiney BS RN BC.

Elizabeth T. Heiney, B.S., R.N., B.C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

EH:lst

c. VL

The following is a violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (g) Supervisor of assisted living (B)(G)(H).

1. Based on review of clinical records, facility documentation, interviews, and review of agency policies, the agency Supervisor of Assisted Living Services (SALSA) failed to provide weekly and monthly reports to the service coordinator and failed to supervise the nursing staff in the documentation of medication assistance and failed to follow the agency policy on assisting with medications. The finding includes:

    a. Review and interview with the agency SALSA on 9/19/2022 at 11:00am, identified no record of weekly or monthly reports had been completed within the last 3 years since her start of employment at agency. SALSA further identified that communication meetings are scheduled daily with the service coordinator, but no documentation is completed at those times.

    Plan of Correction to Violation #1:

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (k) Client service record (L).

2. Client #1 had a move in date of 6/7/2022 to the facility with diagnoses of rheumatoid arthritis, hyperlididemia, hypertension and breast cancer. The resident service plan dated 8/12/2022 identifies Client #1 required assistance with bathing, dressing, toileting overnight, and medication reminders 2 times daily 8am and 8pm.

    a. Interview and review of Client #1's clinical documents with the SALSA at 10am on 9/19/2022 identified medication cues were not documented as provided within the resident service progam sheet for September 4th, 6, 8,9,10,11, and 12th 2022 at 8:00pm time.

    The agency policy "Assisting with Medications" identifies under "C" "Responsibilities of the Certified nursing aide (CNA), #2", to mark the resident's service program sheet showing that the CNA did supervise-que the resident with his/her medications.

    Plan of Correction to Violation #2:

(The Roses at Guilford House)

2nd Submission

Elizabeth T. Heiney, B.S.R.N.,B.C

October 24, 2022

Supervising Nurse Consultant

Facility Licensing and Investigations Section

Accepted
10/25/22
ETHeiney SNC

Dear Ms. Heiney,

Please accept the following clarification for the plan of correction subsequent to an unannounced visit on September 19, 2022.

Section 19-13D105(g)General requirements for an assisted living agent (1)

Weekly reports will be generated by the SALSA that will include but not be limited to any problems associated with the provision of the core services, or any problems or concerns associated with the managed residential community or the assisted living services agency. Summaries of these reports will be forwarded to the governing body according to their schedule of meetings.

A governing Body Board member, Patricia Moffie RN-executor, will monitor weekly effective 10/17/2022.

Monthly reports will be generated by the SALSA regarding statistical data including the number of clients served and services provided by the agency. Theses summaries will be provided to the governing authority according to their schedule of meetings.

A Governing Body Board member, Patricia Moffie RN-executor will monitor monthly effective 10/31/2022.

Section 19-13D105 (k) Client Service Record (L)

All Alsa staff will be inserviced on clinical documentation of care as directed by the Resident Service Plan including but not limited to medication cues/supervision by 10/20/2022.

The SALSA, Dorothy Wall RN, will monitor by auditing 5 different medical records two times a week effective 10/17/2022.

Respectfully submitted,

Dorothy A. Wall RN,BSN, SALSA

1st Submission

Not Accepted by N.C – Laura Boggs N.C
Uploaded – completed
Reviewed by Tracey SNC
9/17/24
Uploaded

Elizabeth T. Heiney, B.S.R.N.,B.C

Supervising Nurse Consultant

Facility Licensing and Investigations Section

October 13, 2022

Dear Ms. Heiney,

Please accept the following as plan of correction subsequent to an unannounced visit on September 19, 2022.

Section 19-13D105(g)General requirements for an assisted living agent (1)

Weekly reports will be generated by the SALSA that will include but not be limited to any problems associated with the provision of the core services, or any problems or concerns associated with the managed residential community or the assisted living services agency. Summaries of these reports will be forwarded to the governing body according to their schedule of meetings.

A governing Body Board member will monitor weekly effective 10/17/2022

Monthly reports will be generated by the SALSA regarding statistical data including the number of clients served and services provided by the agency. Theses summaries will be provided to the governing authority according to their schedule of meetings.

A Governing Body Board member will monitor monthly effective 10/31/2022.

Section 19-13D105 (k) Client Service Record (L)

All Alsa staff will be inserviced on clinical documentation of care as directed by the Resident Service Plan including but not limited to medication cues/supervision by 10/20/2022.

The SALSA will monitor by auditing 5 different medical records two times a week effective 10/17/2022.

Respectfully submitted,

Dorothy Wall, R.N. SALSA The Roses at the Guilford House