STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

#40227

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

Accepted
9/30/24
CT Henry RN SNC

September 17, 2024

Nathalie Murray, SALSA
Whitney Center
200 Leeder Hill Drive
Hamden, CT 06517
Via E-mail: murrayn@whitneycenter.com

Dear Ms. Murray:

An unannounced visit was made to Whitney Center on September 9, 2024 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation.

Attached is a violation of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which was 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 September 27, 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.

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 violation and you may be provided with the opportunity to be heard. If the violation are not responded to by September 27, 2024 or if a request for a meeting is not made by the stipulated date, the violation 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,
Supervising Nurse Consultant
Facility Licensing and Investigations Section

ETH:lst

c. VL
Complaint CT #40227

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing Authority of an assisted living services agency (4)(A) and/or (e) General requirements for an assisted living services agency (1) and/or (g) Supervisor of assisted living services (2)(A) (B) and/or (h) Nursing Services provided by an assisted living services agency (3)(C) and/or (k) Client service record (2) (H) and/or (m) Client bill of and/or responsibilities (5).

1. Based on clinical record review, review of agency policies, review of agency documentation and staff interviews for one of two client's (Client #1) who received assisted living services for assistance with personal care, medication management and safety monitoring, the Assisted Living Services Agency/ALSA failed to ensure the client's safety and update the service plan with a change on condition in accordance with agency policies and State Regulations. The findings include:

    a. Client #1 was admitted to the memory care assisted living services agency (ALSA) program on 10/31/22. The admitting diagnoses included Alzheimer's disease, hypothyroidism, spinal stenosis and arthritis. The client service plan dated 5/09/24 identified the need for assistance of one person with bathing, dressing, toileting and medication management, assistance of two persons for transfers using a Hoyer lift and was identified at risk for falls.

    Review of agency documentation and Licensed Practical Nurse/LPN #1's nursing note dated 5/21/24 identified being called to Client #1's room by ALSA aide #1 at 3:15 AM, and observed the client in excruciating pain, yelling out loud with facial grimacing, right knee swelling, redness and warmth to touch, with a noted right leg shorter than the left. LPN #1 documented notifying the next of kin, Advanced Practice Registered Nurse/APRN and the Supervisor of Assisted Living Services Agency/SALSA and was awaiting call back. Acetaminophen 325 milligrams, two tablets were administered at 3:27 AM for pain.

    On 5/21/24 at 10:08 AM, LPN #2 indicated receiving a verbal order from the APRN for a Stat X-ray of the right hip and right knee, with results identifying a fracture of the right distal femoral meta diaphysis just above a total knee arthroplasty. The client was sent to the Emergency Department on 5/21/24 at 5:34 PM and returned on 5/22/24 at 3 AM with a right knee immobilizer on with a blue pad next to the skin for possible contamination from soiling and instructions to change the blue pad daily under the knee immobilizer and inspect the skin for breakdown.

    Review of the agency investigation of the injury of unknown origin with the SALSA on 9/09/24 at 11 AM identified that there were no reports of recent falls, all staff assigned to the client's neighborhood within the last forty-eight hours were interviewed and denied witnessing any injury but failed to indicate using a Hoyer lift for transfers in their statements.

Interviews with ALSA aide #2 and #3 on 9/09/24 at 2 PM, identified both aides were on the schedule for 5/20/24, and working the 3-11 shift. Both aides also indicated using the Hoyer lift to transfer Client #1 back to bed after dinner without incident.

Interview and review of the agency documentation, discharge instructions and client service plan with the SALSA on 9/09/24 at 3 PM, failed to identify the change in condition RN assessment and instructions to change the blue pad daily under the knee immobilizer daily and inspect the skin for breakdown, were updated on the client service plan and aide care plan in accordance with agency policies and State Regulations.

Review of agency policy for assessments directed that they are to be completed every 120 days and as necessary, to address significant changes in the client's physical, behavioral, cognitive and functional condition.

Plan of Correction to Violation #1:

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 (i) Assisted living aide services provided by an assisted living services agency (3)(A) and/or (m) Client's bill of rights and responsibilities (5)

1. Based on record reviews, agency documentation, and interviews with agency personnel for one of three clients (Client #1), The Assisted Living Services Agency (ALSA) failed to ensure client safety. The findings include:

   a. Client #1 was admitted to the Assisted Living Services Agency (ALSA) on 06/09/2023 and resided in the secured memory care unit with diagnoses of dementia, hypertension, chronic kidney disease and glucose intolerance. The Client's service plan dated 06/09/2024 and 120-day nursing assessment and service plan dated 06/27/2024, identified the Client required nursing assessments and medication administration by a nurse. The Client required assistance from ALSA aides with bathing, grooming, dressing, and toileting. Additionally, the Client required meal reminders, plate setups, may require food to be cut up and was able to feed self.

   Review of Client #1's nursing note dated 08/31/2024, identified the Client had a poor appetite and had no complaints.

   Interview with the Supervisor of Assisted Living Services Agency (SALSA) on 09/16/2024 at 12:45 PM, identified the Client's responsible person visited the Client on 08/31/2024 at 6:00 PM. The responsible person observed uncovered breakfast and lunch plates with untouched meals present at the Client's bedside. The responsible person expressed concern to the Executive Director related to Client #1 not eating until dinner on 08/31/2024, and agency staff not assisting or encouraging the Client during meals and failing to ensure the Client's food safety by leaving uncovered meals at the bedside for greater than six hours.

   Plan of Correction to Violation #1:

Accepted
9/30/24
eFax RN SNC

WHITNEY CENTER

September 26,2024

Elizabeth Heiney

Supervising Nurse Consultant

Facility Licensing and Investigations Section

Ct Department of Public Health

Nathalie Murray RN, S.A.L.S.A

Whitney Center

Violation - #40227

Plan of correction for Client #1.

1a. All residents on a Hoyer transfer will have Physical Therapy screen/evaluation and continue to have 2 persons assist with transfers to ensure safety.

b. Residents will have an RN assessment every 120 days and with a change in condition.

c. C.N.A care plans will be updated accordingly.

2. Corrective action will be effective 10/4/2024.

3. Audit tool for monitoring will be created by S.A.L.S.A and reviewed by Vice President of Clinical Services for compliance. Audit tool will have documentation of findings weekly with review at the QA Committee until substantial compliance is achieved.

4. Title of institution staff member responsible for ensuring compliance is the S.A.L.S.A or her designee.

September 26,2024

Elizabeth Heiney

Supervising Nurse Consultant

Facility Licensing and Investigations Section

Ct Department of Public Health

WHITNEY CENTER

Nathalie Murray RN, S.A.L.S.A

Whitney Center

Violation # 40817

Plan of correction for Client #2.

1. Measures to prevent re-occurrence –

a. Education to families, visitors, Vendors and staff to secure personal belongings.

b. Lockers for employee storage of personal belongings.

c. Environmental audits of resident rooms for environmental hazards.

2. Corrective action will be effective 10/4/2024.

3. Audit tool for monitoring environment will be created by S.A.L.S.A and reviewed by Vice President Clinical Services weekly. Audit tool with documentation of findings will be reviewed at the Quality Assurance Committee until substantial compliance is ensured.

4. Title of institution staff member responsible for ensuring compliance is the S.A.L.S.A or her designee.