STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

Accepted
12/23/24
RWSWC

December 16, 2024

Linda Agosto, SALSA
Covenant Village Of Cromwell Assisted Living Services
52 Missionary Road
Cromwell, CT 06416

Via Email: LAgosto@covliving.org

Dear Linda:

An unannounced visit was made to Covenant Village Of Cromwell Assisted Living Services on December 3, 2024 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a licensing inspection.

Attached is the 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 violation 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 December 26, 2024, 10 days. Please include your agency Plan of Corrections along with the "original Violation Letter" and return within 10 days.

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 is not responded to by December 26, 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 via email 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.

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

Elizabeth T. Heiney SNC

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

EHT:mdf

c. VL

The following are violations of the Regulations of Connecticut State Agencies **Section 19-13-D105 Assisted living services agency (ALSA) (e) General requirements for an assisted living services agency (1) and (g) Supervisor of assisted living services (2)(E) and (f) Personnel policies for an assisted living services agency (B)(i)(ii)(E).**

1. Based on review of agency documentation and staff interviews, for two of two Assisted Living Service Agency (ALSA) aides (NA #1 & 2), the Supervisor of Assisted Living Services Agency/SALSA failed to ensure in-service training, pre-employment and annual physicals were completed by the assisted living aides. The findings include:

    a. Interview and review of the personnel files with the SALSA on 12/03/24 at 11:30 AM identified Nurse Aide's (NA #1) date of hire of 8/22/23 and annual physical dated 10/01/24 and NA #2's date of hire of 10/19/22 (lacked evidence of any physicals in the personnel file) and failed to identify pre-employment physicals in either personnel file and failed to ensure annual physicals were completed for 2023 in accordance with the Regulations of Connecticut State Agencies.

    NA #2 was removed from the schedule pending the completion of a physical.

    Interview and review of NA #1 and #2's personnel files and weekly schedule from 11/14/24 to 12/10/24 with the SALSA on 12/03/24 at 12:45 PM identified both aides working in the memory care unit of the ALSA, but failed to identify the completion of eight (8) hours of dementia-specific training within one hundred twenty (120) days of hire, and not less than eight hours of such training annually thereafter, and annual training of not less than two hours in pain recognition and administration of pain management techniques for direct care staff. Annually, thereafter in 2023 for NA #2 in accordance with Connecticut General Statutes Section 19a-562a Training requirements for nursing home facility and Alzheimer's special care unit or program staff.

    Plan of Correction for Violation #1

Covenant Living Of Cromwell

CCN/license number: 63

December 23, 2024

Covenant Living of Cromwell respectfully submits this plan of correction as its allegation of compliance. The following combined plan of correction and allegation of compliance is not an admission to any of the alleged deficiencies or violations and is submitted at the request of the Connecticut Department of Public Health. Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies.

PLAN OF CORRECTION

1. **Section 19-13-D105 Assisted Living Services Agency (ALSA) € General requirements for an assisted living agency (1) and (g) Supervisor of assisted living services (2)€ and (f) Personnel Policies for an assisted living services agency (B)(i)(ii)(E).**

    - *Staff member #1 physical was completed on 10/01/2024 and staff member #2 physical were completed on 12/05/2024*
    - *Staff members #1 and #2 completed required dementia and pain training on 12/10/2024 SALSA/designee will complete audits of assisted living staff training on 12/06/2024, to ensure that required training has been completed. Anyone requiring training will be completed by 12/31/2024.*
    - *HR was trained 10/04/2024, by the AED on the needed requirements of new hires in assisted living.*
    - *SALSA/designee will complete a monthly audit of assisted living employees who have annual physical due. This audit will be reviewed during QAPI.*
    - *SALSA/Designee will complete a monthly audit of assisted living newly hired assisted living employees to ensure the pre-employment physical has been completed. This will audit will be reviewed during QAPI.*
    - *SALSA/Designee will audit assisted living newly hired staff to ensure that dementia training has been completed within 120 days of hire.*
    - *SALSA/Designee will audit assisted living staff to ensure that the annual training requirements have been met. This audit will be completed monthly and reviewed during QAPI.*

The above Plan of Correction will be put in effect immediately.

Respectfully Submitted,

Linda L Agosto RN

Linda Agosto, Director of Assisted Living/SALSA

Covenant Living of Cromwell
52Missionary Road
Cromwell, CT 06416

(860)635-5511