STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

Accepted 1/6/25 CT Heavy SWC

December 30, 2024

Dorothy Wall, SALSA
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 December 9, 2024 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a licensure renewal 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, along with your original state violation letter, to the Department by January 9, 2025.

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

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(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 January 9, 2025 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

ETH:lst

c. VL

Accepted 1/6/25 CT Kelly RN SWC

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 (F) and/or (e) General requirements for an assisted living services agency (1) and/or (g) Supervisor of assisted living services (2)(A) and/or (B) and/or (h) Nursing Services provided by an assisted living services agency (3)(C)

1. Based on review of clinical documentation, review of agency policy and staff interview for ten (10) of thirteen (13) clients (Client's # 4 through #13) who received assisted living services for assistance with personal care and safety monitoring, the Assisted Living Services Agency (ALSA) failed to ensure the completion of client reassessment and/or updates to the clients service plans for Clients #4 through #13) every 120 days in accordance with State Regulations. The findings include:
    a. Review of the agency In-house Client assessment/reassessment tracking tool record with the Supervisor of Assisted Living Services Agency (SALSA) on 12/9/24 at 1:30 PM failed to identify subsequent 120-day assessments and service plan updates were completed in accordance with State Regulations for Clients # 4, # 5, 6, 7, # 8, # 9, # 10, #11, # 12, and #13, while the SALSA was absent from the agency. The SALSA identified she has been trying to catch up, but there is no other RN in the building to assist with the Service Plan reassessments.

    Review of the Admission-Discharge policy for the Roses at Guilford House identified the client will have an initial assessment and subsequent assessments every one hundred twenty (120) days, with resident, family members, and/or responsible parties will be involved in the Resident Service Program. The assessments will be completed and explained by the Supervisor of Assisted Living Services (Nurse). Assessment will be made less than one hundred twenty (120) days for any changes in condition.

    Plan of Correction to Violation #1:

1. No resident suffered any ill effects.
2. In- service conducted on 1-3-25 with RN Designee on the due dates of 120- day assessments and updates to service plan.
3. Monthly Audit to be conducted by Administrator to ensure timely completion of the 120- day assessments.

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 (F) and/or (g) Supervisor of assisted living services (2)(A) and/or (h) Nursing Services provided by an assisted living services agency (3)(C) and/or (E) and/or (I) and/or (j) assisted Living Service Agency staffing requirements (2)

2. Based on review of agency documentation, review of agency policy and interviews with agency personnel, the Assisted Living Service Agency (ALSA) failed to ensure employment of a second RN at the agency in accordance with State Regulations. The findings include.

a. Interview with the SALSA on 12-9-24 at 1:30pm identified she is currently the only nurse employed for the ALSA. The SALSA further identified she works Monday through Friday, and is on-call for all after-hours, and holidays calls, relating to ALSA agency concerns, emergencies and/or inquires as needed, and failed to identify a second Registered Nurse is currently employed, fulltime and onsite, to share the responsibility of the SALSA in meeting the needs of the clients, in accordance to the regulations of the State Agency.

Interview with the Executive Director/Administrator (ED/Admin.) of the ALSA on 12-9-24 at 2:00pm, identified the ALSA agency does have a second Registered Nurse assigned to the agency, on an "as needed basis". The second RN (RN#2) is a full-time employee at the Long-Term Care facility attached/adjacent to the ALSA community.

The ED/Admin. identified RN#2 is utilized during the SALSA's absence from the agency. RN #2 is reassigned to the ALSA community and assumes the duties of the SALSA but failed to identify that RN #2 was the appointed full time RN Designee, and failed to identify the onsite employment of a second fulltime RN, to meet the client's needs, and assist in the provision of client care and on-call assistance to the SALSA.

Plan of Correction to Violation #2:

1. The RN Designee, Meghan Johns, has been assigned to be present in the facility for a minimum of twenty hours per week.
2. The RN Designee will participate in the on- call schedule to provide the SALSA with support during off hours.