STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

December 31, 2024

Alison Watrous, SALSA
Elmbrook Village
380 Salem Turnpike
Bozrah, CT 06334-1539
Via E-mail: AWatrous@elmbrookvillage.com

Dear Ms. Watrous:

An unannounced visit was made to Elmbrook Village on December 18, 2024 by representatives of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation and a licensure renewal inspection with additional information received through December 19, 2024.

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 10, 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;

CONNECTICUT
Public Health

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410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
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(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 January 10, 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 BSN RN BC

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

ETH:lst

c. VL
Complaint CT #38047

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 Assisted living services agency (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 (J)(vi) and/or (i) Assisted living aide services (1) and/or (3)(A) and/or (m) Client's bill of rights and responsibilities (5).

1. Based on clinical record reviews and interviews with agency personnel for one of four clients (Client #4) who received assisted living services for assistance with personal care, medication management and safety monitoring, the Assisted Living Services Agency (ALSA) nurses and aides failed to follow the service plan. The findings include:
    a. Client #4 was admitted to the memory care ALSA program on 2/27/23. The admitting diagnoses included metabolic encephalopathy, hypertension and generalized anxiety disorder. The client service plan dated 1/22/24 identified the need for assistance with bathing, dressing, grooming, medication management, "eyes on" monitoring hourly while in room, safety checks every two hours, controlled ankle motion/CAM boot when transferring out of bed and high risk for falls.

    Physician's orders dated 1/22/24 directed the application of thrombo-embolic deterrent/TED stockings followed by a CAM boot to the right foot, at 6 AM and off at 7 PM, assistance of two aides for transfers and touch down weight bearing.

    Review of an agency electronic mail sent on 2/2/24 by the client's next of kin identified that on 1/31/24, review of video footage in the client's room showed an agency aide transferred the client from the bed to the wheelchair without the CAM boot on and indicated it appeared that the Agency aide #1 was unaware that the client's right foot was broken, despite signs on the door.

    Interview and review of the Medication administration record/MAR and the aide activity sheet dated 1/31/24 with the Supervisor of Assisted Living Services Agency/SALSA on 12/18/24 at 1 PM failed to identify the 11-7 LPN followed physician's orders for the application of the CAM boot at 6 AM and failed to identify that Agency aide #1 followed the care plan for transfers with the CAM boot on despite the notation on the care plan. Additionally, the SALSA indicated that the staffing agency was notified and instructed the aide was not to return, and no agency aides would be assigned to Client #4 going forward.

    Review of an agency electronic mail sent on 2/2/24 by the client's next of kin identified that on 2/02/24, video footage in the client's room showed from 7:45 AM to 10:15 AM (2.30 hours), no one entered the client's room, and the door was closed.
    Interview and review of the investigation with the Supervisor of Assisted Living Services Agency/SALSA on 12/18/24 at 1:15 PM identified that ALSA aide #1 was counseled and failed to follow the care plan for visual checks hourly while in the room.

    Plan of Correction to Violation #1:

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 Assisted living services agency (ALSA) (d) Governing Authority (4)(F) and (g) Supervisor of assisted living services (2)(A) and/or B and/or (C) and/or (k) Client service record (H)(vii).

2. Based on clinical record reviews and interviews with agency personnel, for four of four clients (Client's #1, 2, 3 and 4) who received assisted living services for assistance with personal care, medication management and safety monitoring, the Governing Authority failed to develop policies for the supervision of the assisted living aides and the SALSA failed to ensure supervision of the assisted living aides in the provision of care. The findings include:
    a. Client #1 was admitted to the memory care assisted living services agency (ALSA) program on 12/16/24. The admitting diagnoses included dementia, spinal stenosis, failure to thrive and hypertension. The client service plan dated 12/06/24 identified the need for assistance of two people with bathing, toileting, grooming, transfers with a mechanical lift, medication management and safety monitoring.
    b. Client #2 was admitted to the ALSA program on 2/23/24. The admitting diagnoses included cerebral infarction, atrial fibrillation, macular degeneration and epilepsy. The client service plan dated 12/08/24 identified the need for assistance with bathing, dressing, transferring and at moderate risk for falls.
    c. Client #3 was admitted to the memory care ALSA program on 8/25/22. The admitting diagnoses included dementia, hypertension and major depressive disorder. The client service plan dated 11/29/24 identified the need for assistance with bathing, dressing, grooming, medication management, safety monitoring and high risk for falls.
    d. Client #4 was admitted to the memory care ALSA program on 2/27/23. The admitting diagnoses included metabolic encephalopathy, hypertension and generalized anxiety disorder. The client service plan dated 1/22/24 identified the need for assistance with bathing, dressing, grooming, medication management, safety monitoring hourly while in room, Controlled Ankle Monitoring/CAM boot when transferring out of bed and high risk for falls.

    Interview and review of Client's #1, 2, 3 and 4's service plans with the SALSA on 12/18/24 at 12:30 PM, failed to identify documentation of supervision of the assisted living aides during the provision of care.

    There was no aide supervision policy to review.
    Subsequent to surveyor inquiry, the SALSA indicated that through the clinical record review process, s/he identified the lack of supervision documented and developed a process for supervising the aides during the provision of care going forward.

    Plan of Correction to Violation #2:

Elmbrook Village
at Bozrah
An Everbrook Senior Living Community
380 Salem Turnpike • Bozrah, CT 06334

Accepted
E Tetreault RN SWC
1/10/25

January 8, 2025

Elizabeth Heiney
Supervising Nurse Consultant
Facility Licensing and Investigation Section
410 Capitol Avenue
P.O. Box 340308
Hartford, Connecticut 06134-0308
Via E-Mail: elizabeth.heiney@ct.gov

Dear Ms. Heiney,

Attached is the plan of correction for the violations regarding the visit from the Facility Licensing and Investigation Section of the Department of Public Health on December 18, 2024.

Feel free to contact myself or Kristin Mangual the Executive Director if any information is needed.

Respectfully,
Alison N. Watrous RN

Alison N. Watrous, RN, SALSA
Elmbrook Village
380 Salem Turnpike
Bozrah, CT 06334
Telephone: 860-861-9704
Fax: 860-934-5336
Email: awatrous@elmbrookvillage.com

Accepted 1/10/25 CTHenryRNBSN

The following is the Plan of Correction for **Elmbrook Village** regarding the Statement of Deficiencies dated **December 31, 2024**. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is a submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.

Unannounced visit was made to **Elmbrook Village** on December 18, 2024 by a representative of the Facility Licensing and Invesitgation Section of the Department of Public Health for the purposes of conducting an investigation. The findings are as follows:

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 Assisted living services agency (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 (J)(vi) and/or (i) Assisted living aide services (1) and/or (3)(A) and/or (m) Client's bill of rights and responsibilities (5).

1. Based on clinical record reviews and interviews with agency personnel for one of four clients (Client #4) who received assisted living services for assistance with personal care, medication management and safety monitoring, the Assisted Living Services Agency (ALSA) nurses and aides failed to follow the service plan. The findings include:

a. Client #4 was admitted to the memory care ALSA program on 2/27/23. The admitting diagnoses included metabolic encephalopathy, hypertension and generalized anxiety disorder. The client service plan dated 1/22/24 identified the need for assistance with bathing, dressing, grooming, medication management, "eyes on" monitoring hourly while in room, safety checks every two hours, controlled ankle motion/CAM boot when transferring out of bed and high risk for falls.

Physician's orders dated 1/22/24 directed the application of thrombo-embolic deterrent/TED stockings followed by a CAM boot to the right foot, at 6 AM and off at 7 PM, assistance of two aides for transfers and touch down weight bearing.

Review of an agency electronic mail sent on 2/2/24 by the client's next of kin identified that on 1/31/24, review of video footage in the client's room showed an agency aide transferred the client from the bed to the wheelchair without the CAM boot on and indicated it appeared that the Agency aide #1 was unaware that the client's right foot was broken, despite signs on the door.

Interview and review of the Medication administration record/MAR and the aide activity sheet dated 1/31/24 with the Supervisor of Assisted Living Services

Agency/SALSA on 12/18/24 at 1 PM failed to identify the 11-7 LPN followed physician's orders for the application of the CAM boot at 6 AM and failed to identify that Agency aide #1 followed the care plan for transfers with the CAM boot on despite the notation on the care plan. Additionally, the SALSA indicated that the staffing agency was notified and instructed the aide was not to return, and no agency aides would be assigned to Client #4 going forward.

Review of an agency electronic mail sent on 2/2/24 by the client's next of kin identified that on 2/02/24, video footage in the client's room showed from 7:45 AM to 10:15 AM (2.30 hours), no one entered the client's room, and the door was closed. Interview and review of the investigation with the Supervisor of Assisted Living Services Agency/SALSA on 12/18/24 at 1:15 PM identified that ALSA aide #1 was counseled and failed to follow the care plan for visual checks hourly while in the room.

A Corrective Action:

1. Agency Aide #1: The agency was notified of the incident and a do not return status was added to the Agency Aide.
2. ALSA Aide #1 verbal review of hourly visual checks was provided by RN Designee; both are no longer employed with the community.
3. Re-education will be provided C.N.A. staff on hour visual checks and every two-hour toileting checks.
4. Re-education will be provided to License Nursing staff on following EMAR orders.
5. Program will be set in place for orientation to Agency Aides on following service plans on assigned clients.

B. Completion Date: 1/31/2024 for Agency Aide #1 Do not return notice given to Nurse Agency on Agency Aide
Completion Date: For #2 2/4/2024
Completion Date: For # 3 & 4 February 10, 2025
Completion Date: For #5 ongoing

C. Ongoing Quality Assessment and Performance Improvement Process:

1. SALSA/RN Designee will continue random shift visits for the purpose of making rounds to ensure C.N.A. assignments are completed as per service plan.
2. RN Designee will review q one hour and q 2 hour forms for compliance.

D. SALSA will be responsible for the ongoing monitoring of this plan.

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 Assisted living services agency (ALSA) (d) Governing Authority (4)(F) and (g) Supervisor of assisted living services (2)(A) and/or B and/or (C) and/or (k) Client service record (H)(vii).

2. Based on clinical record reviews and interviews with agency personnel, for four of four clients (Client's #1, 2, 3 and 4) who received assisted living services for assistance with personal care, medication management and safety monitoring, the Governing Authority failed to develop policies for the supervision of the assisted living aides and the SALSA failed to ensure supervision of the assisted living aides in the provision of care. The findings include:

a. Client #1 was admitted to the memory care assisted living services agency (ALSA) program on 12/16/24. The admitting diagnoses included dementia, spinal stenosis, failure to thrive and hypertension. The client service plan dated 12/06/24 identified the need for assistance of two people with bathing, toileting, grooming, transfers with a mechanical lift, medication management and safety monitoring.

b. Client #2 was admitted to the ALSA program on 2/23/24. The admitting diagnoses included cerebral infarction, atrial fibrillation, macular degeneration and epilepsy. The client service plan dated 12/08/24 identified the need for assistance with bathing, dressing, transferring and at moderate risk for falls.

c. Client #3 was admitted to the memory care ALSA program on 8/25/22. The admitting diagnoses included dementia, hypertension and major depressive disorder. The client service plan dated 11/29/24 identified the need for assistance with bathing, dressing, grooming, medication management, safety monitoring and high risk for falls.

d. Client #4 was admitted to the memory care ALSA program on 2/27/23. The admitting diagnoses included metabolic encephalopathy, hypertension and generalized anxiety disorder. The client service plan dated 1/22/24 identified the need for assistance with bathing, dressing, grooming, medication management, safety monitoring hourly while in room, Controlled Ankle Monitoring/CAM boot when transferring out of bed and high risk for falls.

Interview and review of Client's #1, 2, 3 and 4's service plans with the SALSA on 12/18/24 at 12:30 PM, failed to identify documentation of supervision of the assisted living aides during the provision of care. There was no aide supervision policy to review. Subsequent to surveyor inquiry, the SALSA indicated that through the clinical record review process, s/he identified the lack of supervision documented and developed a process for supervising the aides during the provision of care going forward.

A Corrective Action:

1. Client #1,2,3 supervision of the assisted living aides during the provision of care was Completed. Client 4 is unable to supervised C.N.A. on care, no longer in the community.
2. SALSA/RN Designee will continue random routine CNA Supervision visits on all shifts.
3. SALSA will implement random audits of resident charts and C.N.A supervision check list.

4. Process was developed in December 2024 for supervising the aides during the provision of care and has been implemented by SALSA.

B. Completion Date: #1 Completed January 6, 2025

#2 & #3 on going

4 January 6, 2025

Random weekly audits x four weeks will be implemented by February 10, 2025

C. Ongoing Quality Assessment and Performance Improvement Process:

1. SALSA will continue routine CNA Supervision visits at a minimum of bi-annually on going for all CNA's compliance expectation is 95%.
2. SALSA will implement C.N.A. supervision checks to be added to the chart audits for QA.
3 Review of the C.N.A. supervision checks will be reviewed Quarterly at the QA meeting.
4. SALSA will continue routine CNA Supervision visits utilizing established Assisted Living Aide Training and Competency Checklist at a minimum of bi-annually on going for all CNA's compliance expectation is 95%.

D. SALSA will be responsible for the ongoing monitoring of this plan