STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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Healthcare Quality and Safety Branch

Accepted
2/10/25
CT Healthy LIVING

January 22, 2025

Kerrie Palumbo, Executive Director
Avery Heights Assisted Living Services Agency
705 New Britain Avenue
Hartford, CT 06106
Via E-mail: Kpalumbo@churchhomes.org

Dear Kerrie Palumbo:

An unannounced visit was made to Avery Heights Assisted Living Services Agency on January 9, 2025 by representatives 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 February 1, 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

(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 February 1, 2025 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.

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

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
Complaint CT #38270

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 Assisted living services agency (d) Governing Authority of an assisted living services agency (4)(A) and/or (g) Supervisor of assisted living services (2)(A) and/or (B) and/or (h) Nursing Services (1) and/or (3)(D) and/or (i) Assisted living aide services (1) and/or (3)(A).

1. Based on clinical record reviews, review of agency policies/protocols and interviews with agency personnel for one of four clients (Client #1) who received assisted living services for assistance with personal care, medication management and safety monitoring, the Assisted Living Services Agency (ALSA) staff failed to communicate/coordinate care with the family and the nurses and the agency aides failed to follow agency policies/protocols. The findings include:
    a. Client #1 was admitted to the memory care ALSA program on 9/15/22. The admitting diagnoses included right hip fracture, dementia and hypertension. The client service plan dated 1/08/24 identified the need for assistance with bathing, dressing, grooming, medication management and safety checks.

       Physician's orders included Senna S (laxative with stool softener) 50 milligrams/mg-8.6 mg, 2 tablets daily at bedtime.

       On 3/03/24, LPN #1's nursing note identified that the client vomited what appeared to be feces, the on-call nurse was notified and instructed the aides to send the client to the hospital. Emergency Services were notified, and the client was sent to the hospital for an evaluation. The client returned at 12:26 PM after being dis-impacted and a new order for MiraLAX 17 grams diluted in 240 milliliters/ml of fluid daily was ordered.

       Review of the Receptionist log dated 3/03/24 at 1:46 AM with the Executive Director/ED on 1/09/25 at 10 AM identified that EMS and the Fire Department arrived at 2 AM, "papers" were given to the EMS and at 2:21 AM, the client departed. On 3/03/24 at 9:32 AM, Person #1 (Power of Attorney/POA) called the facility, spoke with LPN #1 and was upset that s/he was not notified of the client transport to the hospital, and indicated that the EMS staff did not have POA information.

        i. Subsequently, the ED identified that the Receptionist failed to follow 911 protocol which directed if the nurse is not present during the emergency event, it is the receptionist's responsibility to contact the first emergency contact from the emergency file and let them know which hospital the relative has been transported to and failed to ensure communication with Person #1.

        ii. Interview with the Executive Director on 1/09/25 at 9:30 AM indicated that subsequent to the clients dis-impaction, a "Bowel Movement/BM" log was instituted which directed the log is to be used every shift daily, reviewed and noted by the nurses on duty daily and indicated that the nurses were responsible for holding the aides accountable for using it, although review of the March 2024 BM log failed to identify documentation by the aides of bowel movements each

shift from 3/04/24 through 3/11/24 (no BM's were documented) and failed to identify daily nursing initials which indicated review of the BM log.

Physician's orders included Trazadone (antidepressant) 25 mg twice daily at 8 AM and 1 PM and 50 mg in the evening at 5 PM. On 2/22/24, Advanced Practice Registered Nurse/APRN directed to discontinue Trazadone and begin Risperidone (antipsychotic) liquid 1 mg/ml, give 0.25 ml twice daily.

iii. Interview and review of the communication notes for February 2024 and APRN note dated 2/22/24 with the ED on 1/09/25 at 11 AM identified the client was sundowning, not sleeping, wandering at night, agitated and aggressive with staff and other clients with no effect from the current use of Trazadone three times daily, and often was spit out by the client. The APRN indicated adding Risperidone liquid 1 mg/ml, give 0.25 ml twice daily, identified communication with the nursing staff, client and aides, but failed to identify any communication with Person #1 (POA) to discuss adding Risperdal to the current medication regimen.

Plan of Correction for Violation #1:

(i) Receptionists failed to follow the 911 protocol.

- The 911 Protocol was reviewed with each receptionist by their supervisor during the receptionist assigned shift the week of March 4, 2024. Every morning the overnight log is reviewed by the supervisor ensuring 911 Protocol was followed appropriately.
- The Supervisor of the Receptionists is responsible for ensuring the correction is successfully met. The Director of Independent Living is responsible to monitor the Supervisor of the receptionist.
- The Director of Independent Living is responsible for ensuring the Avery Heights receptionists remain in compliance.

(ii) Assisted Living Nurse failed to monitor a Bowel Movement Log.

- The Memory Care Bowel Movement Logs and Protocol were implemented on March 4, 2024. Effective January 10, 2025, the Memory Care Nurse is responsible for following the protocol, noting the log daily ensuring the aids have documented for each shift.
- The Supervisor of Assisted Living is responsible for monitoring the Memory Care Nurse to ensure the correction is successfully met.
- The Administrator of the Home Health Agency is responsible for ensuring Avery Heights Assisted Living remains in compliance.

(iii) APRN and Nursing staff failed to communicate a medication change to a POA.

- In-services on communication were implemented on January 28, 2025, to ensure the Assisted Living and Memory Care nurses are communicating changes of condition, medication changes and changes in a care plan are communicated with the POA of clients.
- The Supervisor of Assisted Living is responsible for monitoring the Memory Care Nurse to ensure the correction is successfully met.
- The Administrator of the Home Health Agency is responsible for ensuring Avery Heights Assisted Living remains in compliance.