STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

June 1, 2022

Accepted
6/10/22
CT Hearing SVC

Mary Ellen Ierardi, Executive Director
Ocean Meadow Assisted Living And Memory Care
91 East Main Street
Clinton, CT 06413
mierardi@oceanmeadowsl.com

Dear Ms. Ierardi:

An unannounced visit was made to Ocean Meadow Assisted Living And Memory Care on May 19, 2022 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation and a licensing 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 to the Department by June 11, 2022

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 violations and you may be provided with the opportunity to be heard. If the violations are not responded to by June 11, 2022 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 Heiney, B.S., R.N., B.C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

EH:lst

CT #32252

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 (3)(A).

1. Based on review of facility documentation and interview with facility personnel, the facility failed to ensure that the governing authority met no less than twice (2 times) annually in accordance with the regulations. The finding includes:
    a. Interview and review of facility documentation for the Governing Authority committee with the Executive Director on 5/19/22 at 12:00pm, identified meeting minutes for one (1) governing authority meeting held on 12/19/21. No additional documentation was provided.

Plan of Correction to Violation #1:

The following is the Plan of Correction for **Ocean Meadow Assisted Living** regarding the Statement of Deficiencies dated **May 19, 2022.** 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.

A. Corrective Action:
    1. Governing Authority committee met on May 21, 2022.
    2. Governing Authority committee will meet no less than twice (2) annually.
B. Completion Date:
    1. May 21, 2022
C. Ongoing Quality Assessment and Performance Improvement Process:
    1. QA Committee will monitor to ensure meeting minutes are in QA binder.
D. Executive Director and/or designee will be responsible for the ongoing monitoring of this plan.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (d) Quality Assurance for an assisted living agency (4)(B)(C) and (I)(8):

2. Based on a review of facility documentation and staff interview, the facility failed to conduct quality assurance meetings and facility record reviews every 120 days and failed to develop an annual program review report of the agency's quality assurance program. The finding includes:
    a. A review of facility documentation with the Supervisor of Assisted Living Agency (SALSA) on 5/19/22 at 2:00pm identified the facility held 1 (one) quality assurance meeting for dates January 1, 2021 – April 15, 2021. No additional quality assurance meetings were identified within the provided documentation, including an annual written quality assurance report.

Plan of Correction to Violation #2:

The following is the Plan of Correction for **Ocean Meadow Assisted Living** regarding the Statement of Deficiencies dated **May 19, 2022.** 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.

A. Corrective Action:
    1. QA committee meeting and facility record review will be held on July 8, 2022.
    2. QA committee meeting and facility record review meetings have been scheduled quarterly.
    3. Annual report for 2021 will be completed on July 8, 2022
B. Completion Date:
    1. July 8, 2022
C. Ongoing Quality Assessment and Performance Improvement Process:
    1. QA committee meeting or as assigned
D. SALSA and/or designee will be responsible for the ongoing monitoring of this plan.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (g) Supervisor of assisted living services (2)(G).

3. Based on a review of facility documentation and interview with the SALSA on 5/19/22 at 2:00pm, the agency failed to complete weekly and/or monthly reports on core service, assisted living services or MRC concerns and statistical data related to clients serviced, and services provided to the service coordinator. The finding includes.
    a. Interview with the SALSA on 5/19/22 at 2:30pm, identified that weekly and monthly reports had not been completed and forwarded to the facility service coordinator since SALSA had started employment at the facility on 7/2021.

Plan of Correction to Violation #3:

Deficiencies dated **May 19, 2022.** 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.

A. Corrective Action:
    1. Past weekly and monthly reports on core services for assisted living will be completed on July 8, 2022.
    2. Weekly reports on core services for assisted living will be done weekly
    3. Monthly reports on core services for assisted living will be done monthly
B. Completion Date:

1. July 8, 2022

C. Ongoing Quality Assessment and Performance Improvement Process:
    1. `QA committee quarterly meeting

D. SALSA and/or designee will be responsible for the ongoing monitoring of this plan.