Atria LARSON PLACE

Accepted
5/15/25
E Heiney SNC

April 25 th, 2025

Elizabeth T. Heiney, B.S., R.N., B.C
Supervising Nurse Consultant
Facility Licensing and Investigations Section
410 Capital Ave
Harford, Ct 06314

Dear Ms. Heiney,

Enclosed, please find the Atria Larson Place Plan of Correction for the deficiency found during the Department of Health's Inspection on Monday April 7th, 2025.

If you have any question regarding enclosed Plan of Correction, please feel free to contact me at (203) 248-8880

Best,

Danielle Torres

Executive Director Atria Larson Place

Atria Larson Place – Plan of Correction
Violation of Section 19-13-D105 (e)(1), (h)(1), (i)(B), (k)(1), and (m)(5)
Submitted to: Elizabeth Heiney, B.S., R.N., B.C., Supervising Nurse Consultant
Date: April 21, 2025
Due Date: April 27, 2025
Facility: Atria Larson Place
Complaint #: CT #43633

Violation Summary:

The Department of Public Health cited Atria Larson Place for failure to maintain resident safety and ensure proper transfer protocols were followed, specifically related to a resident in the memory care unit (Client #1) who was transferred to the hospital with incorrect emergency identification paperwork due to a lapse in the agency's 911 packet handoff procedure.

1. Corrective Measures & Systemic Changes:

- **Reeducation on Emergency Protocols:** Beginning April 18, 2025, all Resident Services Assistants (RSAs), Assisted Living Services Agency (ALSA) staff, and Licensed Practical Nurses (LPNs) received mandatory retraining on the **Resident Emergency Information Call Out Policy**, which outlines procedures for accurate packet retrieval, identity verification, and communication with EMS.
- **Policy Distribution:** A copy of the **Resident Emergency Information Call Out Policy** was provided to all relevant staff members and is now posted in RSA offices on both the AL and LG units for ongoing reference.
- **Two Person Verification:** A new protocol now requires that during all emergency transfers, a second staff member must confirm the resident's name, DOB, and code status from the 911 packet prior to handing it to EMS.
- **Labeled Packets & Secure Storage:** All 911 packets are now housed in clearly labeled, alphabetized folders with **resident photo ID covers** to further reduce the risk of confusion and misidentification during an emergency.
- **Sign-Off Process:** A formal 911 Handoff Log has been implemented, requiring the name and signature of the retrieving staff to ensure accountability during emergency events.

2. Dates of Implementation:

- **Staff Training Initiated:** March 25th, 2025
- **Policy Posted and Packets Reorganized:** March 25th, 2025
- **Two-Person Verification & Handoff Log In Use:** March 25th, 2025
- **Emergency Drill Including New Protocol:** March 25th, 2025

3. Quality Assurance & Monitoring Plan:

- **Daily Audit:** The Supervisor of Assisted Living (SALSA) or designee will review the 911 binder for completeness, correct labeling, and ensure log documentation is being completed accurately.
- **Quarterly QA Meetings:** Outcomes from audits will be reviewed during monthly QA and Performance Improvement meetings to evaluate trends and identify any retraining needs.
- **Ongoing Training:** All new hires will receive policy orientation, and all team members will receive **quarterly refresher trainings**, inclusive of mock emergency drills to reinforce accuracy in packet handling and emergency communication.
- **Incident Review:** Any deviation from the policy will result in a documented incident review, corrective action plan, and retraining as needed.

4. Responsible Staff Members:

Christiane Gellatly, Resident Services Director & Danielle Torres, Executive Director
Responsible for overseeing full implementation of corrective actions, monitoring compliance, and ensuring systemic changes are sustained.

Resident Emergency Information Call Out Policy
Guidelines for Staff During emergencies

Introduction

In the event that emergency services arrive at the community to evaluate a resident for any reason, it is imperative that staff follow the established protocols to ensure the resident's safety and well-being. This policy outlines the necessary steps that staff must take to provide accurate and timely information to emergency personnel.

Procedure

Obtaining the Resident 911 Packet

- Staff must immediately retrieve the resident's 911 packet from the designated 911 binder. The 911 binders are located in the RSA offices on both AL and LG units and organized alphabetically by resident name.

- Ensure that the 911 packet includes all pertinent information, such as the resident's name, birthdate, and code status.

Communicating with Emergency Personnel

Upon the arrival of the EMT/Fire Department, staff must read the resident's name, birthdate, and code status directly from the 911 binder before explaining the reason for the emergency call. This step is crucial to provide emergency personnel with accurate information and to avoid any potential miscommunication.

Example Call Out

Staff should use the following script as a guideline when communicating with emergency personnel:

- "This is Mr. [Resident Name], his date of birth is [DOB] and he is a [CODE STATUS]. Mr. [Resident Name] had an [description of incident]. He is complaining of [symptoms]."

Sample Script

Example: "This is Mr. David Jones, his date of birth is July 7, 1945 and he is a FULL CODE. Mr. Jones had an unwitnessed fall with a reported head-strike. He is complaining of pain to his left hip and has noted laceration to the right side of his forehead."

Important Considerations

- Always remain calm and composed when interacting with emergency personnel. Clear and concise communication is key to ensuring the resident receives the appropriate care.

- Double-check the information in the 911 packet before reading it to the EMT/Fire Department to ensure accuracy.

- If the resident is unresponsive or unable to communicate, provide emergency personnel with any additional relevant medical history or information that may assist in their evaluation.

Documentation

- After the emergency has been handled, staff must document the incident/call in the shift log and the outcome. (Was resident sent to the ER? Did resident remain in the community?)

Training

- All staff members must undergo training on the Resident Emergency Information Call Out Policy to ensure they are familiar with the procedures and can execute them effectively.

- Regular drills should be conducted to reinforce the policy and to identify any areas for improvement.

Conclusion

Adherence to the Resident Emergency Information Call Out Policy is essential to ensure that accurate resident information is provided to emergency personnel and contribute to the prompt and effective care required in an emergency.