Rec'd

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

April 23, 2024

Accepted 5/1/24 eMail

Dave Primini, Executive Director
Maplewood At Newtown
166 Mt Pleasant Road
Newtown, CT 06470
Via email: newtowned@maplewoodsl.com

Dear Dave:

An unannounced visit was made to Maplewood At Newtown on April 12, 2024 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an licensing inspection.

Attached is the 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 violation 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 May 3, 2024. Please include your agency Plan of Corrections along with the "original Violation Letter" and return within 10 days.

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 **May 3, 2024** 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 via email 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 SNC

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

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MAPLEWOOD
AT NEWTOWN

May 3, 2024

By Email to Elizabeth.Heiney@ct.gov

Ms. Elizabeth Heiney
Supervising Nurse Consultant
Facility Licensing and Investigations Section
State of Connecticut
Department of Public Health
410 Capitol Avenue
P.O. Box 340308
Hartford, CT 06134

Re: Maplewood at Newtown ALSA, LLC/Maplewood at Newtown, LLC - Connecticut Department of Public Health Complaint dated 4/23/2024 Plan of Correction

Dear Ms. Heiney:

This letter is in response to your letter dated April 23, 2024 (sometimes, the "Violation Letter") regarding Maplewood at Newtown ALSA, LLC (the "ALSA"), the licensed provider of assisted living services at Maplewood at Newtown, an assisted living community (the "Community") operated by Maplewood at Newtown, LLC (the "Operator"), located in Newtown, Connecticut, a copy of which letter is enclosed. This letter does not constitute an admission that the law has been violated as alleged in your letter, that the facts as alleged in your letter are true, or of any other wrongdoing. Rather, this letter is set forth as a comprehensive Plan of Correction for the following alleged violations of the Regulations of Connecticut State Agencies and/or the General Statutes of the State of Connecticut which were noted during an unannounced visit by a representative of the Facility Licensing and Investigations Section of the Department of Public Health on April 12, 2024.

1. **Violation of the Regulations of Connecticut State Agencies Section 19-13-D105(e) General requirements for an assisted living services agency (1) and/or (g) Supervisor of assisted living services (2) (A) (B).**

   A. Measures to Prevent Re-Occurrence:

      1. The Regional Director of Resident Services will educate (i.e. in-service) the Supervisor of Assisted Living Services Agency (the "SALSA") and the RN Designee (the "RND") at the Community on the updated Fall Reduction and Post Fall Policy (the "Policy").

      2. The SALSA and/or RND will educate all ALSA aides and nursing staff at the Community on the updated Policy, and will have the aides and nursing staff confirm in writing that the updated Policy was reviewed and

understood by them. Such written confirmation shall be placed in each applicable employee's file.

B. Date of Corrective Action Plan ("CAP"):

All corrective action as indicated above will be completed by May 17, 2024, except for on-going monitoring.

C. Plan to Monitor/Audit:

1. The SALSA, RND, and Executive Director ("ED") will review all fall incident reports and progress notes to determine whether the updated Fall Reduction and Post Fall Policy was followed by the ALSA aides and nursing staff. The ED will have the final approval, and may close a fall incident report only after the ED has first reviewed the report and relevant documents and determined that the Policy was followed.

2. At least once per month for a period of three (3) consecutive months, the Regional Director of Resident Services or the Regional Director of Operations will audit 10% of resident fall incident reports to confirm that the Policy was followed.

D. Staff Member Responsible for Monitoring the Plan of Correction:

The staff member responsible for ensuring the Community's compliance with this Plan of Correction will be the Supervisor of Assisted Living Services Agency.

Should you have any questions, please contact me by email at newtownrsd@maplewoodsl.com or by phone at (203) 426-8118.

Respectfully submitted by,

Lisbetty Quiroz, RN
Supervisor of Assisted Living Services Agency
Maplewood at Newtown ALSA, LLC

CP:an
cc: Shane Herlet (by email)
Arthur E. Miller (by email)
James Doyle (by email)
Constantin Popescu (by email)
Jerrica Clements (by email)
Liz Castiline-Gannon
Eileen Duggan (by email)
David Primini (by email)

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (e) General requirements for an assisted living services agency (1) and/or (g) Supervisor of assisted living services (2) (A) (B).

1. Based on clinical record reviews, interviews with agency personnel and agency policies for one of five clients in the survey sample (Client #1) who depended on the Assisted Living Services Agency (ALSA) for assistance with activities of daily living, medication management and nursing assessments. The agency failed to ensure a client's safety and failed to follow the Fall Reduction and Post-Fall Policy. The findings include:

   a. Client #1 was admitted to the agency on 01/31/2024 and resided in the secured memory care unit with diagnosis of stroke, dementia, and weight loss. The Client's initial nursing assessment dated 02/02/2024 and service plan dated 03/08/2024, identified the Client required nursing assessments, medication administration and assistance from an ALSA aide with dressing, grooming, bathing, toileting, and ambulation with a roller walker. Additionally, the service plan identified the Client was at risk for falls and required increased safety checks.

   Review of Client #1's nursing note dated 03/20/2024, identified Licensed Practical Nurse (LPN) #1 was notified by ALSA aide #1 of the Client's fall. LPN#1 observed the Client sitting in a sofa chair in the television lounge. Client #1 complained of pain in the left hip, cried out upon touch to the left hip and was unable to bear weight. LPN #1 called emergency services (911) and the Client was transported to the hospital at 8:40 PM.

   Review of Client #1's nursing note dated 03/21/2024, identified the ALSA was notified by the hospital that Client #1 was diagnosed with a left hip fracture and was admitted.

   Review of the agency's incident report dated 03/23/2024, identified on 03/20/2024 LPN #1 observed Client #1 sitting in the sofa chair in the television lounge. The Client complained of pain in the left hip and was unable to bear weight. ALSA aide #1 identified the Client's body was half in the wheelchair and half on the floor, therefore, the ALSA aides transferred the Client into the sofa chair.

   Observation of the memory care unit's security camera footage dated 03/20/2024 with the Executive Director on 04/12/2024 at 1:00 PM, identified Client #1's wheelchair was next to a sofa chair in the television lounge. Client #1 stood up from the wheelchair, attempted to self-transfer to the sofa chair and fell directly onto the floor. ALSA aide #1 and #2 proceeded to lift the Client from the floor and transferred him/her into the sofa chair. ALSA aide #1 called LPN to evaluate the Client and 911 was activated.

i. Interview with the Executive Director on 04/12/2024 at 1:45 PM, identified ALSA aide #1 and #2 failed to ensure the Client's safety and failed to follow the agency's Fall Reduction and Post-Fall policy which indicated after a fall occurred the Client should not be moved unless directed by a nurse.

Review of the agency's Fall Reduction and Post-Fall policy, identified after a fall had occurred, clients who were not able to independently, or with only minimal support come to a standing position at their own will, would not be moved unless directed by a nurse, after the nurse determined there was no apparent injury.

Plan of Correction for Violation #1