STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

September 17, 2024

Accepted
9/18/24
CT Nursing SNC

Nathalie Murray, SALSA
Whitney Center
200 Leeder Hill Drive
Hamden, CT 06517
Via E-mail: murrayn@whitneycenter.com

Dear Ms. Murray:

An unannounced visit was made to Whitney Center on September 9, 2024 by a representative 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 September 27, 2024

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 September 27, 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, 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 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 #40817

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 (4)(A) and/or (e) General requirements for an assisted living services agency (1) and/or (g) Supervisor of assisted living services (2)(A) (B) and/or (m) Client bill of and/or responsibilities (5).

1. Based on clinical record review, review of agency documentation and staff interviews for one of two client's (Client #2) who received assisted living services for assistance with personal care, medication management and safety monitoring, the Assisted Living Services Agency/ALSA failed to ensure the client's safety. The findings include:

    a. Client #2 was admitted to the memory care assisted living services agency (ALSA) program on 12/15/21. The admitting diagnoses included dementia with behavioral disturbance, early onset Alzheimer's disease and hypertension. The client service plan dated 5/09/24 identified the need for assistance of one person with bathing, dressing, grooming and medication management.

    Physician orders included Alprazolam (Xanax- anti-anxiety benzodiazepine) 0.5 milligrams every morning and bedtime.

    Review of agency documentation and LPN #3's nursing note dated 8/22/24 at 10:39 AM indicated entering the client's room along with ALSA aide #4 to offer care before breakfast and found him/her sitting on the side of the bed screaming and unable to redirect. The client felt warm to touch but was afebrile, s/he was assisted to a lying position and began singing. Furthermore, LPN #3 re-entered the room shortly after and made several attempts to wake the client, s/he was lethargic, with shallow breathing, was unresponsive to verbal or tactile stimuli and pupils were pinpoint. Emergency Medical Services/EMS were notified, arrived and due to the symptoms presented, was administered Narcan (a medication used to reverse or reduce the effects of opioids) by the EMS staff and became arousable. The client was transported to the Emergency Department/ED, a urine toxicology screen identified benzodiazepines and opiates were present and returned at 7:18 PM.

    Review of the agency investigation and interview with the SALSA on 9/09/24 at 9:50 AM indicated a narcotic audit was completed and accurate, no visitors had visited the client, the Information Technology/IT Department reviewed hall camera footage from 8/22/24 at 12 AM through the time the client was transported to the ED and confirmed the client did not leave the room and only ALSA staff entered the room during the night and early morning. Additionally, all staff working the thirty-six hours prior were interviewed and statements were documented.

    A subsequent interview with the SALSA on 9/09/24 at 3:15 PM failed to identify how the client received opiates and failed to ensure the client's safety.

    Plan of Correction to Violation #1:

Accepted
9/18/24
E Heiney SNC

September 26,2024

Elizabeth Heiney

Supervising Nurse Consultant

Facility Licensing and Investigations Section

Ct Department of Public Health

WHITNEY CENTER

Nathalie Murray RN, S.A.L.S.A

Whitney Center

Violation #40817

Plan of correction for Client #2.

1.Measures to prevent re-occurrence –

a. Education to families, visitors, Vendors and staff to secure personal belongings.

b. Lockers for employee storage of personal belongings.

c. Environmental audits of resident rooms for environmental hazards.

2. Corrective action will be effective 10/4/2024.

3. Audit tool for monitoring environment will be created by S.A.L.S.A and reviewed by Vice President Clinical Services weekly. Audit tool with documentation of findings will be reviewed at the Quality Assurance Committee until substantial compliance is ensured.

4. Title of institution staff member responsible for ensuring compliance is the S.A.L.S.A or her designee.