Relic

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

Accepted
1/9/25
CTHealthySNL

December 30, 2024

MaryEllen Hankey, Executive Director
Spring Village At Danbury
8 Glen Hill Road
Danbury, CT 06811
Via E-mail: executive.director@springvillagedanbury.com

Dear Ms. Hankey:

An unannounced visit was made to Spring Village At Danbury on December 10, 2024 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a licensure 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, along with your original state violation letter, to the Department by January 9, 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 violations and you may be provided with the opportunity to be heard. If the violations are not responded to by January 9, 2025 or if a request for a meeting is not made by the stipulated date, the violations 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 BSN RN BC

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

ETH:lst

c. VL

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 Assisted living services agency (ALSA) (e) General requirements for an assisted living services agency (1) and/or (f) Personnel policies for an assisted living services agency (E) and/or (g) Supervisor of assisted living services (2)(A).

1. Based on review of agency documentation and staff interviews, for two of four Assisted Living Service Agency (ALSA) aides (NA #1 and #2), the agency failed to ensure annual physicals were completed by the assisted living aides. The findings include:
    a. Interview and review of the ALSA aides' personnel files with the Executive Director on 12/10/2024 at 1:00 PM, identified ALSA aide #1's year of hire as 2019 and his/her last annual physical examination was in 2021. ALSA aide #2's year of hire was 2022 and his/her last annual physical examination was in 2022. The Executive Director identified the agency failed to ensure annual physicals were completed in accordance with the Regulations of Connecticut State Agencies.

       Plan of Correction to Violation #1:

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 Assisted living services agency (ALSA) (d) Governing authority of an assisted living services agency (4)(A) and/or (g) Supervisor of assisted living services (2)(B) and/or (h) Nursing services provided by an assisted living services agency (1).

2. Based on clinical record reviews, agency policies, and interviews with agency personnel for six of six clients (Client #1, 2, 3, 4, 5 and 6) in the survey sample who depended on the Assisted Living Services Agency for medication management. The agency failed to supervise assigned nursing personnel in the delivery of nursing services and failed to follow the agency's Controlled Substance Management policy. The findings include:
    a. Client #1 was admitted to the ALSA program on 07/03/2024 with diagnoses that included Alzheimer's disease, femur fracture, depression, osteoporosis, falls, high blood pressure, high cholesterol and urine retention.

       The physician's orders were directed to administer Tramadol 50 mg (milligrams) a half of a tablet by mouth every four hours as needed for moderate/severe pain.

    b. Client #2 was admitted to the ALSA program on 04/28/2023 with diagnoses that included muscle weakness, age-related cognitive decline, unspecific dementia, osteoporosis, falls, type two diabetes, diabetic neuropathy, and high blood pressure.

The physician's orders were directed to administer Tramadol 50 mg one tablet by mouth every eight hours as needed for pain.

c. Client #3 was admitted to the ALSA program on 07/12/2022 with diagnoses that included high blood pressure, breast cancer, anemia, mood disorder, cerebral infarction, and femur fracture.

The physician's orders were directed to administer Lorazepam 0.5 mg one tablet by mouth every six hours as needed for anxiety.

d. Client #4 was admitted to the ALSA program on 01/27/2023 with diagnoses that included schizoaffective disorder, dementia, weakness, cerebral infarction and type two diabetes.

The physician's orders were directed to administer Morphine Sulfate 100 mg / 5 milliliters (ml) 0.25 ml (5 mg) by mouth every three hours as needed for shortness of breath.

e. Client #5 was admitted to the ALSA program on 09/07/2022 with diagnoses that included difficulty walking, high blood pressure, falls, fractures, and urinary tract infections.

The physician's orders were directed to administer Oxycodone one tablet every eight to twelve hours as needed for pain.

f. Client #6 was admitted to the ALSA program on 11/15/2021 with diagnoses that included Parkinson's disease, weakness, falls, fractures, high blood pressure, and depression.

The physician's orders were directed to administer Morphine Sulfate 100 mg/ 5 milliliters (ml) 0.25 ml (5 mg) by mouth every three hours as needed for moderate or severe pain.

Interview and review of Client #1, 2, 3, 4, 5 and 6's-controlled substance count sheets with the Executive Director on 12/10/24 at 1:30 PM, failed to identify the daily counting of controlled substances by two persons at the beginning and end of each shift for 2024.

Review of the agency's Controlled Substance Management policy directed all controlled substances must be counted by two persons at the beginning and end of each shift.

Plan of Correction to Violation #2:

Accepted
1/9/25
CT Hearing SVC

Spring Village At Danbury

8 Glen Hill Road Danbury, CT 06811

January 5, 2025

Violation #1.

Based on review of agency documentation and staff interviews, for two of four Assisted Living Service Agency (ALSA) aides (NA #1 and #2), the agency failed to ensure annual physicals were completed by the assisted living aides.

Plan of Correction:

Effective January 1,2025 All direct care employee files have been reviewed and a tickler alert calendar was implemented with a 60- day reminder that physical examinations are due.The Director of Business will oversee this calendar, and the Executive Director will audit the files.

Violation # 2. Based on clinical record reviews, agency policies, and interviews with agency personnel for six of six clients (Client #1, 2, 3, 4, 5 and 6) in the survey sample who depended on the Assisted Living Services Agency for medication management. The agency failed to supervise assigned nursing personnel in the delivery of nursing services and failed to follow the agency's Controlled Substance Management policy.

Plan of Correction:

Effective January 1,2025 two new MAR/ Narcotic count binders were created by floor and by resident to ensure that med counts are being completed daily by 2 nurses at assigned times. We have seen this to be a more efficient and effective practice.

The Executive Director will monitor and audit these new books to make sure that all information is correct, and procedures are being followed.