STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

January 24, 2025

Katherine Garber, Executive Director
Spring Village At Stratford Llc
6911 Main Street
Stratford, CT 06497
Via E-mail: boc@springvillagestratford.com

Dear Ms. Garber:

An unannounced visit was made to Spring Village At Stratford Llc on January 8, 2025 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 February 3, 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

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (e)(1) General requirement of the Assisted Living Service agency, and/or (k) Client Service Record (2)(H)(ii)(iii) Client Service Program.

1. Based on clinical record review, review of agency policy, and staff interviews, for one of four clients (Client #4) who required showering, medication management, and assistance with incontinent care from agency staff, the agency failed to provide goals on management for Client #4 who required total assist with incontinence care per the agency policy.
    a. Client #4 had a move in date to the Assisted Living Community on 9/26/24, with diagnoses to include cognitive communication deficit, dysphagia, muscle weakness, difficulty walking, hypertension, needs total assistance with personal care.

       The Client Service Plan dated 10/26/24 indicated that Client #4 received assistance with grooming, dressing, showers, medication management, and required moderate assistance with incontinence care with bowel and bladder.

       Interview with ALSA Aide #2 on 1/8/25 at 12:10pm identified that Client #4 required multiple episodes of staff aide assistance with incontinence care during the 3-11 and 11 to 7 am shifts, due to a gastrointestinal outbreak at the facility, and that Client #4's family member called several times during the night to have staff assist Client #4 with incontinence care.

       Review of the Client #4's Family member documentation identified that on 12/23/24 the client's family member contacted the agency and advised staff that Client #4 had required incontinent care at 10:24pm, 11:02pm, 11:27pm, 11:46pm, and 11:49pm on 12/22/24, and was running out of incontinent garments, which resulted in the client having to obtain incontinent garments through a private "delivery service".

       Review of the agency documentation with the Executive Director on 1/8/25 at 10:55am, identified that on 12/23/24 Client #4's family member came to the agency to report his/her concerns and indicated Client #4 was having episodes of vomiting and diarrhea, at 10:24pm, 11:02pm, 11:27pm, 11:46pm, and 11:49pm on 12/22/24. Family member told staff they were concerned regarding the care Client #4 was receiving as a result of these frequent incontinent episodes. The agency failed to identify staff aide communication with the on-call nurse for the identification of a change in condition, and failed to ensure that a plan was in place for the timely management of client's incontinence and for the timely acquisition of incontinence garments for Client #4 who required total staff assist with an episode of frequent incontinence, per the agency policy.

       Review of the agency policy on AL-074 identifies residents with issues related to incontinence will be checked according to their assessments and service plans, and any changes in the residents' needs will be reported to the RSD/Memory Care Director.

       Plan of Correction to Violation #1:

(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 February 3, 2025 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 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 #42434

Spring Village at Stratford
Specializing in Assisted Living and Memory Care

poc accepted 2/4/25 LH

February 3, 2025

Elizabeth Heiney, Supervising Nurse Consultant
Healthcare Quality and Safety Branch
410 Capitol Avenue, P.O. Box 340308
Hartford, CT 06134-0308
Via E-mail Elizabeth.Heiny@ct.gov.

Plan of Correction for Complaint CT #42434

1. A violation of Section 19-13-D105 (e)(1) General requirement of the Assisted Living Service agency, and/of (k) Client Service Record (2)(H)(ii)(iii) Client Service Program.
2. **Plan of Correction:**
   A resident shall have an initial assessment where a service plan is created by the Director of Nursing/Designee upon moving to Spring Village at Stratford. Re-assessments are performed following the initial 30 days of residency, every 120 days thereafter, and/or with any change in condition requiring re-evaluation of resident service plan. Each resident service plan is created to identify levels of care in areas such as grooming, dressing, showers, transfers, medication management, and incontinence care if applicable.
3. Spring Village at Stratford will be hosting an in-service for all Care Managers (CNA's) on 2/6/2025, with topics of emphasis including incontinence care and prompt communication to the Director of Nursing and Resident Care Director regarding any change in condition requiring re-evaluation of resident service plan, as well as on-going incontinent care supply needs.
4. The Director of Nursing/Designee will be responsible for performing an audit of all resident service plans to ensure accurate information and up to date levels of care, that will be reflected in the Care Manager's daily care tasks sheets. Outcomes of this plan of correction will be discussed at SVS next quarterly Quality Assurance meeting. Any issues identified will be discussed and a plan implemented for correction.
5. Spring Village at Stratford follows the service plan of each individual resident and will continue to do so.
6. The Director of Nursing, and the Resident Care Director are responsible for ensuring compliance.

Executive Director
Katherine Garber

Director of Nursing
Christian Garcia

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