Farmington Station
A SENIOR LIVING RESIDENCE (SLR)

Accepted 6/10/24
CT Licensing & NC

May 2, 2024

410 Capitol Avenue
PO Box 340308
Hartford, CT 06134

Attention: Healthcare Quality Safety Branch
Elizabeth Heiney
Supervising Nurse Consultant
Facility Licensing and Investigations Section
Complaint # 37112

To Whom It May Concern,
This letter is in response to the violation notice received on March 19, 2024. Below is the resident's (client) overview with care needs, DPH finding issue and response from Farmington Station for each identified violation.

If there are any additional questions please contact me directly.

Sincerely,

Lindsay Miller, Executive Director

**Client Overview**
Client #1 was admitted to the ALSA on 12/23/2020 and resided in the secured memory care unit with diagnosis of Alzheimer's disease, high blood pressure, falls with fractures, and chronic pain. The Client's 120-day assessment and service plan dated 12/15/2023, identified the Client received nursing services for assessments, medication administration and ALSA aide assistance with grooming, and bathing. Client #1 was independent with ambulation and transfers.
***Community Feedback:*** The Community agrees with this statement and the nursing notes support this statement.

Review of Client #1's nursing note dated 01/02/2024, identified the Client had a negative Covid test.
***Community Feedback:*** The Community agrees with this statement and the nursing notes support this statement.

Review of Client #1's nursing notes dated 01/03/2024, identified the Client was observed to have an unsteady gait, hoarse voice, and congestion. Advanced Practice Registered Nurse (APRN) #1 was notified of Client #1's status by Licensed Practical Nurse (LPN) #1. Client #1 was prescribed Robitussin 10 cc () by mouth every six hours as needed for coughing.
***Community Feedback:*** The Community agrees with this statement and has nursing notes to support this statement.

Review of Client #1's nursing note dated 01/04/2024, identified LPN #1 received a call around 12:18 AM on 01/04/2024 from ALSA aide #2 reporting the Client sustained a fall. ALSA aide #2 further indicated the Client attempted to get up, fell again and struck his/her head. ALSA aide #2 identified the Client was congested, unsteady and incontinent of urine. ALSA aide #1 called 911 and the Client's responsible person. Client #1 became unresponsive while being assessed by emergency medical personnel and transported to the hospital. LPN #1 received a call from ALSA aide #1 around 1:25 AM on 01/04/2024, indicating the hospital reported the Client expired during the

transport to the hospital.
***Community Feedback:*** The Community agrees with this statement and has nursing notes to support this statement.

i. Interview and review of Client #1's clinical record with the Executive Director and Supervisor of Assisted Living Services Agency (SALSA) on 03/19/2024 at 11:40 AM, failed to identify ALSA staff reported Client #1's change in condition (unsteady gait and congestion on 01/03/2024) to the SALSA or RN Designee and failed to identify Client #1 was assessed by an RN following a change in condition.
***Community Feedback:*** The Community recognizes that the area of opportunity in this situation would be that the LPN did not communicate directly to the RN. That being said, the LPN did follow appropriate steps based on the resident's condition other than communicating what they were doing to support the resident directly to the RN.

**Plan of Correction**
The Community will not be changing any policy or procedure but the SALSA will conduct a re-training on timely communication to the RN. The instructor led training sheet with the retraining documentation will be submitted upon completion. The re-training will be conducted with the following employees by May 10, 2024.

- RN Designee
- Licensed Practical Nurses

# STATE OF CONNECTICUT
## DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

April 24, 2024

Lindsay Miller, Executive Director
Farmington Station | A Senior Living Residence
111 Scott Swamp Rd
Farmington, CT 06032
**Via Email: lmiller@farmingtonSLR.com**

Dear Lindsay:

Unannounced visits were made to Farmington Station A Senior Living Residence on **March 19, 2024** by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation and licensure 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 visits. 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 May 4, 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 4, 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 the Supervising Nurse Consultant via email at dph.flisadmin@ct.gov or right fax number 860-622-2655. Please direct your questions concerning the instructions contained in this letter to the Supervising Nurse Consultant at (860) 509-7400. 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 Heiney, B.S., R.N., B.C
Supervising Nurse Consultant
Facility Licensing and Investigations Section

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c. VL
Complaint #37112

**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 (g) Supervisor of assisted living services (2) (A) (B) and (h) Nursing Services provided by an assisted living service agency (3) (C).**

1. Based on review of clinical records, agency documentation, interviews with agency personnel and agency policies for one of three clients (Client #1) in the survey sample with a change in condition, the Assisted Living Service Agency (ALSA) failed to identify a client's change in condition was reported to ALSA's Registered Nurse(s) (RN) timely and failed to identify the client was assessed by an RN following a change in condition. The findings include:

    a. Client #1 was admitted to the ALSA on 12/23/2020 and resided in the secured memory care unit with diagnosis of Alzheimer's disease, high blood pressure, falls with fractures, and chronic pain. The Client's 120-day assessment and service plan dated 12/15/2023, identified the Client received nursing services for assessments, medication administration and ALSA aide assistance with grooming, and bathing. Client #1 was independent with ambulation and transfers.

    Review of Client #1's nursing note dated 01/02/2024, identified the Client had a negative Covid test.

    Review of Client #1's nursing notes dated 01/03/2024, identified the Client was observed to have an unsteady gait, hoarse voice, and congestion. Advanced Practice Registered Nurse (APRN) #1 was notified of Client #1's status by Licensed Practical Nurse (LPN) #1. Client #1 was prescribed Robitussin 10 cc () by mouth every six hours as needed for coughing.

    Review of Client #1's nursing note dated 01/04/2024, identified LPN #1 received a call around 12:18 AM on 01/04/2024 from ALSA aide #2 reporting the Client sustained a fall. ALSA aide #2 further indicated the Client attempted to get up, fell again and struck his/her head. ALSA aide #2 identified the Client was congested, unsteady and incontinent of urine. ALSA aide #1 called 911 and the Client's responsible person. Client #1 became unresponsive while being assessed by emergency medical personnel and transported to the hospital. LPN #1 received a call from ALSA aide #1 around 1:25 AM on 01/04/2024, indicating the hospital reported the Client expired during the transport to the hospital.

        i. Interview and review of Client #1's clinical record with the Executive Director and Supervisor of Assisted Living Services Agency (SALSA) on 03/19/2024 at 11:40 AM, failed to identify ALSA staff reported Client #1's change in condition (unsteady gait and congestion on 01/03/2024) to the SALSA or RN Designee and failed to identify Client #1 was assessed by an RN following a change in condition.

Review of the agency's Assessment and Service Plan policy identified once a client had moved into the community, updated assessments and service plans were required thirty days after moving in and every 120-days. If at any time the client had a significant change of condition, an updated assessment and service plan must be completed. The RN Designee and/or wellness nurse would be responsible for conducting an initial assessment and ongoing assessments.

**Plan of Correction for Violation #1**