STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

January 31, 2024

Accepted
2/26/24
ETHelly SWC

Theresa Williams, SALSA
The Residence At Ferry Park
60 Cold Spring Rd
Rocky Hill, CT 06067
Via Email: **twilliams@residenceferrypark.com**

Dear Ms. Williams:

An unannounced visit was made to The Residence At Ferry Park on October 26, 2023 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a complaint investigation survey.

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 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 10, 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 February 10, 2024, or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

We do not anticipate making any practitioner referrals at this time.

Please return the original copy of the violation letter and Plan of Correction 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.

Respectfully,

/s/

Elizabeth Heiney, BS, RN, BC
Supervising Nurse Consultant
Facility Licensing and Investigations Section

EH:csf

c. VL
Complaint #36145

The following are violations of the regulations of Connecticut State Agencies Section 19-13-D105 Assisted living services agency (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 (h) Nursing Services provided by an assisted living services agency (1)(3)(C) and/or (i) Assisted living aide services (1) and/or the General Statutes of Connecticut Chapter 378 Section 20-87a (c) and/or (k) Client service record (2)(H).

1. Based on clinical record review, review of agency policies and staff interviews for one of one client (Client #1) who received assisted living services for assistance with personal care, medication management and safety monitoring, the Assisted Living Services Agency/ALSA nurse failed to notify a Registered Nurse/RN of a change in condition, the ALSA aides failed to follow the care plan and the Governing Authority failed to develop policies to conform to State regulations. The findings include:
   a. Client #1 was admitted to the memory care assisted living services agency (ALSA) program on 11/21/22. The admitting diagnoses included dementia, hypertension, depression, and osteoarthritis. The client service plan dated 7/13/23 identified the need for assistance with bathing, dressing, transferring, verbal cues/reminders for toileting two times a shift (12 AM, 4 AM, 8 AM, 1 PM, 4 PM and 8 PM), written documentation of hourly safety checks and medication management.

      Review of agency documentation dated 8/05/23 at 7:50 PM and Licensed Practical Nurse/LPN #1's nursing note identified that LPN #1 was called to the clients room by ALSA aide #1, the client was observed on the floor of the bathroom with his/her back against the door frame, ALSA Aide #1 was with the client at the time of the fall and indicated that the client slipped on the rug in front of the toilet, there were no apparent injuries, no complaints of discomfort and there was full range of motion to all extremities. The client was assisted back to bed by LPN #1 and the ALSA aide.

      Interview and review of the clinical record and agency documentation with the Regional Supervisor of Assisted Living Services Agency/SALSA on 10/26/23 at 11:45 AM failed to identify that LPN #1 notified the ALSA Registered Nurse/RN of the need to assess the client prior to assisting the client to a standing position, failed to notify the client's representative at the time of the fall, and failed to follow agency policies.

      Review of agency policy on Falls with the Regional SALSA on 10/26/23 at 2 PM directed that if a client has a witnessed/unwitnessed fall and is alert and oriented, there is no injury and the client can verbalize that s/he is not in pain, if a **Nurse** (not specified as a Registered Nurse/RN) is on-site, s/he would evaluate the client. If there are no apparent signs of injury and the client can be assisted up, a facility incident report shall be completed, and notification to the responsible party will be made,

The Connecticut General Statutes at Chapter 378 Section 20-87a (a) defined the practice of nursing by a registered nurse as the process of diagnosing human responses to actual or potential health problems, providing supportive and restorative care, health counseling and teaching, case finding and referral, collaborating in the total health care regimen, and executing the medical regimen under the direction of a licensed physician, dentist, or advanced practice registered nurse.

The Connecticut General Statutes at Chapter 378 Section 20-87a (c) defines the practice of nursing by a licensed practical nurse as, among other responsibilities, "the performing of selected tasks and sharing of responsibility under the direction of a registered nurse."

Interview and review of the safety check list for July and August 2023 with the Regional SALSA on 10/26/23 at 11:50 AM failed to identify hourly safety checks were documented thirteen shifts in July and on the 3-11 shifts on 8/02/23 and 8/05/23 and failed to follow the client's care plan.

Interview and review of the July and August ALSA aide care plan with the Regional SALSA on 10/26/23 at 11:45 AM failed to identify toileting two times a shift during 7-3, 8 times from 7/13/23 to 7/31/23 and 2 times from 8/01/23 to 8/06/23, during 3-11, 7 times from 7/13/23 to 7/31/23 shifts and 2 times from 8/01/23 to 8/05/23 and during 11-7, 2 times on 8/05/23 and failed to follow the client's care plan.

Review of agency job description for the Resident Care Associate/ALSA Aide directed in part, documents both scheduled and unscheduled services that are provided, including incidents, behaviors, and out of the ordinary events, including a resident's refusal of services. Inputs information into the community computer tracking system regarding services provided to residents.

Plan of Correction for Violation #1:

Accepted
2/26/24
E Tetreault SNC

February 20, 2024

Elizabeth Heiney, BS, RN, BC
Supervising Nurse Consultant
Facility Licensing and Investigations Section

Dear Ms. Heiney,

The following plan of correction is being submitted on behalf of the Residence at Ferry Park in response to an unannounced audit by your department representative on October 26, 2023, for the purpose of conducting a licensing renewal inspection. The plan of correction is set forth not as an admission of any wrongdoing, but rather as an opportunity to comply with the alleged violation.

The Residence at Ferry Park
Plan of Correction
February 16, 2024

The following are violations of the regulations of Connecticut State Agencies Section 19-13-D105 Assisted living services agency (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 (h) Nursing Services provided by an assisted living services agency (1)(3)(C) and/or (i) Assisted living aide services (1) and/or the General Statutes of Connecticut Chapter 378 Section 20-87a (c) and/or (k) Client service record (2)(H).
1. Based on clinical record review, review of agency policies and staff interviews for one of one client (Client #1) who received assisted living services for assistance with personal care, medication management and safety monitoring, the Assisted Living Services Agency/ALSA nurse failed to notify a Registered Nurse/RN of a change in condition, the ALSA aides failed to follow the care plan and the Governing Authority failed to develop policies to conform to State regulations.

The measure that the institution intends to implement or systemic changes that the institution intends to make to prevent a recurrence of each identified issues of noncompliance.

1. ALSA nurse failed to notify a Registered Nurse/RN of change in condition.
    a. **The Residence at Ferry Park will hold re-training sessions with Wellness Associates to debrief about the incident and provide in-servicing on the notification of the Registered Nurse/RN for changes in resident condition.**

2. The ALSA aides failed to follow the care plan.
    a. **The Residence at Ferry Park will hold re-training sessions with Wellness Associates on providing and documenting care from resident service plans.**

3. The Governing Authority failed to develop policies to conform to State regulations.
    a. **The LCB fall policy has been updated with the appropriate language to comply with The Connecticut General Statutes Chapter 378 Section 20-87a (a).**

b. **Wellness associates will be provided with an in-service on the changes made to the fall policy.**

The date for each such measure or change by the institution is effective.

The LCB fall policy has been updated with the necessary changes.

All re-training sessions will begin immediately after submission of the Plan of Correction with a completion date of April 1, 2024. Any Wellness Associates, who are on leave, will be provided the re-training following their leave, but prior to providing care to residents. A current list of Wellness Associates will be obtained to ensure that all Wellness Associates are retrained.

The institution's plan to monitor its quality assessment and performance improvement function to ensure the corrective measure or systemic measure or systemic change is sustained.

Ferry Park will require a sign-in sheet for the re-training sessions discussed in the above measures. Ferry Park will utilize pre-established training tools and previous deficiencies identified by the Department of Public Health as training tools for best and required practices regarding change of condition and care planning. The Executive Director shall be responsible for ensuring the community continues to meet the requirements outlined.

The Title of the institution's staff members responsible for ensuring its institution's compliance with the plan of correction.

Executive Director, Theresa Williams

In conclusion, the immediate action plan outlined in this document reflects our commitment to addressing the concerns raised and maintaining the highest standards of resident care and safety at The Residence at Ferry Park. We understand the importance of taking proactive steps to ensure our residents' well-being and provide a safe and nurturing environment.

We will continue to monitor and assess these measures, adjusting as necessary to maintain our commitment to excellence. Our goal is to provide exceptional care, prioritize resident safety, and continuously improve our operations.

Respectfully Submitted,

Theresa Williams

Executive Director

The Residence at Ferry Park