STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Healthcare Quality And Safety Branch

January 3, 2019

Debbie Jawin-Sheak, Supervisor of Assisted Living Services Agency
Shady Oaks Assisted Living Llc
344 Stevens Street
Bristol, CT 06010

Dear Ms. Jawin-Sheak:

This letter is an amended version of the violation letter dated December 12, 2018

Unannounced visits were made to Shady Oaks Assisted Living Llc on January 26, November 15, 19 and 20, 2018 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting multiple investigations and a licensing inspection with additional information received through December 11, 2018.

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 visits.

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 December 26, 2018.

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 to **Loan.Nguyen@ct.gov** 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

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THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

responded to by **December 26, 2018** or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

Alternate remedies to violations identified in this letter may be discussed at the office conference. In addition, please be advised that the preparation of a Plan of Correction and/or its acceptance by the Department of Public Health does not limit the Department in terms of other legal remedies, including but not limited to, the issuance of a Statement of Charges or a Summary Suspension Order and it does not preclude resolution of this matter by means of a Consent Order.

Should you have any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

Loan D Nguyen

Loan Nguyen M.S.N., R.N., C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

CT # 24423, 24425

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The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing authority of an assisted living services agency (4) (A) and/or (F) and/or (g) Supervisor of assisted living services (2) (A) and/or (B) and/or (D) and/or (h) Nursing Services provided by an assisted living services agency(1) and/or (2) and/or (3) (J) (v) and/or (4) (A) and /or (C) and/or (k) Client service record (H) (i) and/or (v) and/or the Connecticut General Statutes Chapter 400j, Part I, Section 20-571 (9):

1. Based on review of the clinical record and interview with agency personnel for thirteen clients (Clients #1 through #13) of thirteen clients in the survey sample, the agency failed to ensure safe storage and administration of the client's narcotics. The findings include:
   a. Client #1 was admitted to the ALSA services on 06/22/17 with diagnoses that included myelodysplastic syndrome. Client # 1 elected the hospice benefits on 12/09/17.

      Client #1's medications included Dilaudid (a Schedule II controlled substance) 2 milligrams/mg by mouth every morning and evening, with as-needed (prn) doses of Dilaudid 1 to 2 mg every four hours as needed for back pain, Morphine sulfate (a Schedule II controlled substance) 20 mg sublingually every three hours as needed for pain, and Lorazepam (a Schedule IV controlled substance) 0.5 mg by mouth every four hours as needed for anxiety.
      Per the ALSA documentation dated 10/26/18 the hospice nurse from Hospice #1 visited Client #1 on 10/26/18 and noted that twenty (20) tablets of Dilaudid (2mg each) were missing. The hospice nurse notified the Supervisor of Assisted Living Services Agency (SALSA).
      i. In an interview on 11/15/18, the SALSA indicated that all narcotics in the facility were locked in the SALSA's office, from which the daily doses and the as-needed (prn) doses were pre-poured and placed in a locked box in the client's room, and failed to demonstrate compliance with State regulations that directed the storage of all medications in each clients' apartment;

      ii. Interview and review of the ALSA documentation with the SALSA on 11/15/18 failed to identify an acceptable practice for the tracking, monitoring, and reconciliation of controlled substances throughout the facility;

      iii. Interview and review of the ALSA documentation with the SALSA on 11/15/18 failed to identify written policies and procedures on the management of controlled substance to ensure medication safety and safeguard of the client's property;

      iv. Interview and review of the agency documentation with the SALSA on 11/15/18 failed to identify a full investigation of the missing narcotics after notification from the hospice nurse on 10/26/18, including interviews of all staff involved and assessment of the integrity of all narcotic supplies for all clients who received narcotics;
      v. Interview and review of the agency policies with the SALSA and the Executive Director

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(ED) on 11/15/18 failed to identify policies and procedures to direct the investigation of missing drugs, with measures to protect all clients during an internal investigation;

vi. In an interview on 11/15/18, the SALSA told the State Surveyor that besides Clients #1 and #2, no other client was missing drugs but the SALSA failed to actually count the narcotics remaining in the supply of each client who required narcotics, and failed to identify accuracy and transparency of the ALSA operations and communication to the surveyor;

vii. In addition, the SALSA verbalized that one would eventually be alerted to any missing narcotics by the sight of clients manifesting "behaviors" in the absence of the required daily narcotics, thus failed to identify proactive measures from the SALSA to prevent harm rather than waiting to react after harm occurred to the clients, and failed to identify an awareness of the SALSA's duties and responsibilities towards the clients' daily needs; viii. In an interview of viii. In an interview on 11/15/18 the SALSA told the State Surveyor that five clients in the facility received hospice services, with only two clients requiring narcotics, when in fact a review of the medication profiles by the State Surveyor indicated that all five clients on hospice service received narcotics, and failed to identify transparency and/or accuracy of communication from the SALSA;

ix. Following the incident of missing narcotics on 10/26/18, the ALSA instituted a tracking system of all narcotics in the facility. Interview and review with the SALSA on 11/20/18 of a newly developed tracking sheet for Dilaudid 2mg tablets for Client # 1 identified the initiation on 11/8/18 of a backwards count of Dilaudid use on a daily basis, with four tablets of Dilaudid remaining on 11/20/18. On the same day 11/20/18 the ALSA nurses added to the remaining count of 4 tablets of Dilaudid, the documentation of a newly delivered 30 tablets of Dilaudid, then resumed the written count at "34 tablets" on the same sheet of paper instead of completing the tracking of the remaining 4 tablets of Dilaudid until the last tablet was taken out for administration and assigning one separate tracking sheet to each narcotic delivery, failed to identify a safe and acceptable practice of narcotic documentation and reconciliation, and failed to identify written policies to direct and streamline the management of narcotics after the incident of 10/26/18.

x. Interview and review with the SALSA on 11/20/18 of the newly developed tracking sheet for Dilaudid 2mg tablets for Client #1 identified a column for "Quantity Received," then next to it, another column for "Quantity Dispensed," where the nurses documented for what was actually the quantity taken out each day for administration to Client #1, and failed to identify the appropriate legal use of the terminology for taking a medication versus dispensing a medication in Connecticut.
The Connecticut General Statutes Chapter 400j, Part I, under Commission of Pharmacy, Powers and Duties Section 20-571 (9) defines "dispensing" as the processing of a drug or device for a patient pursuant to a prescription by: (A) comparing the directions on the

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label with the directions on the prescription to determine accuracy; (B) the selection of the drug or device from stock to fill the prescription; (C) the counting, measuring, compounding of the drug or device; (D) the placing of the drug or device in the proper container; (E) the affixing of the label to the container; and (F) the addition to a written prescription of any required notations. The Connecticut General Statutes Chapter 400j, Part I, under Commission of Pharmacy, Powers and Duties Section 20-571 (9) specifies that "dispensing" does not include the acts of delivering a drug or device to a patient or of administering the drug or device to the patient.

xii. Interview and review with the SALSA on 11/20/18 of another tracking sheet initiated on 11/2/18 for Dilaudid 2mg failed to identify the documentation of the quantity of Dilaudid tablets received on the first line of the document, yet identified that "six" remained on 11/5/18 on the seventh line of the document, and failed to identify safe and accurate documentation of narcotics for Client # 1 after the incident of missing narcotics;

xiii. Interview and review with the SALSA on 11/20/18 of the same tracking sheet initiated on 11/2/18 for Dilaudid 2mg identified the signature of staff on various days for taking out one "brown envelope" each time, with 11 remaining "brown envelopes," to eventually one remaining "brown envelope" on 11/7/18 and "0" envelope on 11/7/18, failed to identify documentation of the content in amount and nature of each "brown envelope," and failed to identify the safe and accurate tracking of narcotics for Client # 1 after the incident of missing narcotics;

xix. Client #1's remaining medications included Senna, Duloxetine Hydrochloride, Folic Acid, Omeprazole, Acetaminophen, Midodrine Hydrochloride, Isosorbide, Oxybutin, Mirtazapine, Trazadone, Naprosyn.
Interview with the SALSA on 11/19/18 indicated that the client's "as-needed" (prn) medication were stored in a locked box in the SALSA's office. The SALSA placed the "as-needed" doses in small envelopes for the ALSA aide to hand to the client for self-administration when a nurse was not present, after the ALSA aide called the on-call registered nurse (RN) to receive directions from the on-call nurse.
Interview with ALSA Aide #11 who was assigned to assist Client #1 with the self-administration of medications up until 10/26/18, indicated that without request from Client #1, ALSA Aide #11 initiated the medication "assistance" process by putting the pills in the client's mouth then giving the client a glass of water with a straw to help swallow the pills, hence failed to identify the client's ability to self-administer or to direct the task of self-administration with only the physical assistance from the ALSA aide, failed to identify the proper determination by the ALSA nurse of the client's degree of independence with medication administration, and failed to identify nursing oversight and assurance of the safety and appropriateness of the medication assistance process.

b. Client #2 was admitted to the ALSA services on 10/06/14 with diagnoses that included

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encephalopathy, urinary tract infection, acute kidney failure, generalized weakness, hematuria, atrial fibrillation, dementia, hypertension, carcinoma of the prostate, carcinoma of the bladder and benign hypertrophic hypertrophy. Client #2 elected hospice benefits on 01/23/18.

Client #2's medications included Tramadol (a Schedule IV controlled substance) 50 mg by mouth every morning.

Per the ALSA documentation dated 10/26/18, the pharmacy delivered 15 tablets of Tramadol on 10/13/18 to the client's apartment. While the client received one tablet of Tramadol each day from the ALSA nurse, by 10/21/18 the client was out of Tramadol supply, the ALSA nurse was unable to administer the Tramadol to Client #2 on the morning of 10/21/18, leading the ALSA nurse to conclude that eight tablets of Tramadol were missing.

i. According to the Executive Director of the ALSA in a communication dated 11/27/18, the ALSA nurse notified the hospice nurse of the lack of Tramadol on 10/21/18, the hospice nurse re-ordered the Tramadol for a delivery on 10/24/18, with resumption of administration to the client on 10/25/18. Interview with the Executive Director of the ALSA on 12/10/18 indicated that Client # 2 did not receive Tramadol as ordered on 10/21/18, 10/22/18, 10/23/18 and 10/24/18, failed to identify conformance with the plan of care, and failed to identify proper management of the client's symptoms;

ii. In an interview on 11/15/18, the SALSA indicated that all narcotics in the facility were locked in the SALSA's office, from which the daily doses and the as-needed (prn) doses were pre-poured and placed in a locked box in the client's room, and failed to demonstrate compliance with State regulations that directed the storage of all medications in each clients' apartment;

iii. Interview and review of the ALSA documentation with the SALSA on 11/15/18 failed to identify an acceptable practice for the tracking, monitoring, and reconciliation of controlled substances throughout the facility;

iv. Interview and review of the ALSA documentation with the SALSA on 11/15/18 failed to identify written policies and procedures on the management of controlled substance to ensure medication safety and safeguard of the client's property;

v. Interview and review of agency documentation with the SALSA on 11/15/18 failed to identify a full investigation of the missing narcotics after notification from the hospice nurse on 10/26/18, including interviews of all staff involved and assessment of the integrity of all narcotic supplies for all clients who received narcotics;

vi. Interview and review of agency policies with the SALSA and the Executive Director

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(ED) on 11/15/18 failed to identify policies and procedures to direct the investigation of missing drugs, with measures to protect all clients during an internal investigation;

vii. Client # 2's remaining medications Trazodone 12.5 mg by mouth every eight hours as needed.
The client's service plan dated 10/01/18 identified the need to crush medications and mix in applesauce or yogurt.
Interview with the SALSA on 11/19/18 indicated that the SALSA stored Client # 2's medication in the SALSA office, and prepared the client's as-needed (prn) Trazodone by crushing the medication and placing the crushed medication in a plastic bag, then in a little brown envelope for the ALSA aide to hand to the client for self-administration after hours, when a nurse was not present, and failed to identify acceptable nursing practice of crushing a medication to an unrecognizable form without immediate administration to the patient, by the nurse who crushed the medication;

viii. The brown envelope holding the crushed medication was then stored in the client's room in a locked box. According to the SALSA, the ALSA aide would call the on-call registered nurse (RN) to report symptoms and the on-call nurse would direct the aide to retrieve the previously crushed as-needed Trazodone.
Interview with ALSA Aide #18 on 11/20/18 indicated that once directed by the on-call nurse over the telephone, Aide #18 would open the plastic bag, mix the previously crushed medication with applesauce or yogurt, spoon feed to the client, and failed to identify the client's ability to self-administer or to direct the task of self-administration with only the physical assistance from the ALSA aide, failed to identify the proper determination by the ALSA nurse of the client's degree of independence with medication administration, and failed to identify nursing oversight and assurance of the safety and appropriateness of the medication assistance process;

ix. Interview with ALSA Aide #20 on 11/19/18 indicated after obtaining permission from the on-call RN, Aide #20 would mix the previously crushed medication with gelatin or applesauce and give it to the client, and failed to identify the client's ability to self-administer or to direct the task of self-administration with only the physical assistance from the ALSA aide, failed to identify the proper determination by the ALSA nurse of the client's degree of independence with medication administration, and failed to identify nursing oversight and assurance of the safety and appropriateness of the medication assistance process.

c. Client #3 was admitted to the ALSA services on 08/01/12 with diagnoses that included sepsis, hypertension, coronary artery disease, status-post coronary artery bypass graft, atrial fibrillation and hyperlipidemia. Client # 3 elected the hospice benefits on 05/17/13.

Client #3's medications included Lorazepam (a Schedule IV controlled substance) 0.5 mg to 1mg every four hours as needed (prn) for anxiety or agitation, and Morphine sulfate (a Schedule II controlled substance) 0.25 mg by mouth or sublingually every two hours as

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needed (prn) for pain or shortness of breath.

i. In an interview on 11/15/18, the SALSA indicated that all narcotics in the facility were locked in the SALSA's office, from which the daily doses and the as-needed (prn) doses were pre-poured and placed in a locked box in the client's room, and failed to demonstrate compliance with State regulations that directed the storage of all medications in each clients' apartment;

ii. Interview and review of the ALSA documentation with the SALSA on 11/15/18 failed to identify an acceptable practice for the tracking, monitoring, and reconciliation of controlled substances throughout the facility;

iii. Interview and review of the ALSA documentation with the SALSA on 11/15/18 failed to identify written policies and procedures on the management of controlled substance to ensure medication safety and safeguard of the client's property.

d. Client #4 was admitted to the ALSA services on 06/19/16 with diagnoses that included pneumonia, dementia, renal cell carcinoma, hypertension, coronary artery disease, hyperlipidemia, degenerative joint disease, obesity, chronic kidney disease III, overactive bladder, anemia and depression. Client # 4 elected the hospice benefits on 01/29/18.

Client #4's medications included Lorazepam (a Scheduled IV controlled substance) 0.5 mg by mouth every six hours as needed (prn) for anxiety or shortness of breath.

i. In an interview on 11/15/18, the SALSA indicated that all narcotics in the facility were locked in the SALSA's office, from which the daily doses and the as-needed (prn) doses were pre-poured and placed in a locked box in the client's room, and failed to demonstrate compliance with State regulations that directed the storage of all medications in each clients' apartment;

ii. Interview and review of the ALSA documentation with the SALSA on 11/15/18 failed to identify an acceptable practice for the tracking, monitoring, and reconciliation of controlled substances throughout the facility;

iii. Interview and review of the ALSA documentation with the SALSA on 11/15/18 failed to identify written policies and procedures on the management of controlled substance to ensure medication safety and safeguard of the client's property;

iv. A physician's order dated 02/28/18 directed to crush the client's medications as the clients experienced difficulty swallowing.

Interview with the SALSA on 11/19/18 indicated that the SALSA stored Client # 4's medication in the SALSA office, and prepared the client's as-needed (prn) medications by crushing the medication and placing the crushed medication in a

plastic bag, then in a little brown envelope for the ALSA aide to hand to the client for self-administration after hours, when a nurse was not present, and failed to identify acceptable nursing practice of crushing a medication to an unrecognizable form without immediate administration to the patient, by the nurse who crushed the medication.

The brown envelope holding the crushed medication was then stored in the client's room in a locked box. According to the SALSA, the ALSA aide would call the on-call registered nurse (RN) to report symptoms and the on-call nurse would direct the aide to retrieve the previously crushed as-needed medication.

e. Client #5 was admitted to the ALSA services on 06/14/18 with diagnoses that included acute kidney failure, hyperkalemia, glaucoma, hypertension, polyosteoarthritis, muscle weakness, neuromuscular dysfunction of bladder with bladder neck obstruction, unsteadiness of feet, urinary tract infection and low back pain. Client # 5 elected the hospice benefits on 11/12/18.

The client's medications included Ativan (a Schedule IV controlled substance) 0.5 mg sublingually every three hours as needed for agitation, Morphine (a Schedule II controlled substance) 100 mg every three hours as needed for pain or shortness of breath, and Tramadol (a Schedule IV controlled substance) 50 mg by mouth every six hours as needed for pain.

i. In an interview on 11/15/18, the SALSA indicated that all narcotics in the facility were locked in the SALSA's office, from which the daily doses and the as-needed (prn) doses were pre-poured and placed in a locked box in the client's room, and failed to demonstrate compliance with State regulations that directed the storage of all medications in each clients' apartment;

ii. Interview and review of the ALSA documentation with the SALSA on 11/15/18 failed to identify an acceptable practice for the tracking, monitoring, and reconciliation of controlled substances throughout the facility;

iii. Interview and review of the ALSA documentation with the SALSA on 11/15/18 failed to identify written policies and procedures on the management of controlled substance to ensure medication safety and safeguard of the client's property.

f. Client #6 was admitted to the ALSA services on 03/06/11 with diagnoses that included Alzheimer's disease, hypertension, degenerative joint disease, hyperlipidemia, kyphosis and osteoporosis.

Client #6's medications included Lorazepam (a Schedule IV controlled substance) 0.25 mg every two hours as needed for agitation.

i. In an interview on 11/15/18, the SALSA indicated that all narcotics in the facility were locked in the SALSA's office, from which the daily doses and the as-needed (prn) doses were pre-poured and placed in a locked box in the client's room, and failed to demonstrate compliance with State regulations that directed the storage of all medications in each clients' apartment;

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ii. Interview and review of the ALSA documentation with the SALSA on 11/15/18 failed to identify an acceptable practice for the tracking, monitoring, and reconciliation of controlled substances throughout the facility;

iii. Interview and review of the ALSA documentation with the SALSA on 11/15/18 failed to identify written policies and procedures on the management of controlled substance to ensure medication safety and safeguard of the client's property;

iv. Client #6's remaining medications included Acetaminophen 650 mg by mouth every six hours as needed for mild discomfort and Trazodone 25 mg by mouth every six hours as needed.
A physician's order dated 01/08/16 directed to crush the client's medications and place the crushed medications in a soft medium because the client was spitting out the medications.
Interview with the SALSA on 11/19/18 indicated that the SALSA stored Client # 6's medication in the SALSA office, and prepared the client's as-needed (prn) medications by crushing the medication and placing the crushed medication in a plastic bag, then in a little brown envelope for the ALSA aide to hand to the client for self-administration after hours, when a nurse was not present, and failed to identify acceptable nursing practice of crushing a medication to an unrecognizable form without immediate administration to the patient, by the nurse who crushed the medication.

The brown envelope holding the crushed medication was then stored in the client's room in a locked box. According to the SALSA, the ALSA aide would call the on-call registered nurse (RN) to report symptoms and the on-call nurse would direct the aide to retrieve the previously crushed as-needed medications.

g. Client #7 was admitted to the ALSA services on 07/01/16 with diagnoses that included diabetes mellitus, hypertension, anemia, anxiety, cardiovascular disease, osteoporosis and renal insufficiency.

Client #7's medications included Lorazepam (a Schedule IV controlled substance) 0.5mg to 1mg by mouth every six hours as needed.

i. In an interview on 11/15/18, the SALSA indicated that all narcotics in the facility were locked in the SALSA's office, from which the daily doses and the as-needed (prn) doses were pre-poured and placed in a locked box in the client's room, and failed to demonstrate compliance with State regulations that directed the storage of all medications in each clients' apartment;

ii. Interview and review of the ALSA documentation with the SALSA on 11/15/18 failed to identify an acceptable practice for the tracking, monitoring, and reconciliation of controlled substances throughout the facility;

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iii. Interview and review of the ALSA documentation with the SALSA on 11/15/18 failed to identify written policies and procedures on the management of controlled substance to ensure medication safety and safeguard of the client's property;

iv. Client #7's remaining medications included Acetaminophen 650 mg by mouth every six hours as needed for general discomfort or temperature greater than 101 degrees Fahrenheit, Hydrocodone/Acetaminophen (a schedule II controlled substance) 5 mg/500 mg by mouth every four hours as needed.
Interview with the SALSA on 11/19/18 indicated that the SALSA stored Client #6's medication in the SALSA office, and prepared the client's as-needed (prn) medications by crushing the medication and placing the crushed medication in a plastic bag, then in a little brown envelope for the ALSA aide to hand to the client for self-administration after hours, when a nurse was not present, and failed to identify acceptable nursing practice of crushing a medication to an unrecognizable form without immediate administration to the patient, by the nurse who crushed the medication;

The brown envelope holding the crushed medication was then stored in the client's room in a locked box. According to the SALSA, the ALSA aide would call the on-call registered nurse (RN) to report symptoms and the on-call nurse would direct the aide to retrieve the previously crushed as-needed medications.
Interview and review of the clinical record with the SALSA on 11/19/18 failed to identify a physician's order that authorized the nurse to crush the client's medications.

h. Client #8 was admitted to the ALSA services on 12/22/17 with diagnoses that included gamma globulin deficiency, prolapsed rectum and a history of a fractured right arm and hand.

Client #8's medications included Alprazolam (a Schedule IV controlled substance) 0.125 mg by mouth every morning, 0.25 mg by mouth in the evening and 0.25 mg three times a day as needed.

i. In an interview on 11/15/18, the SALSA indicated that all narcotics in the facility were locked in the SALSA's office, from which the daily doses and the as-needed (prn) doses were pre-poured and placed in a locked box in the client's room, and failed to demonstrate compliance with State regulations that directed the storage of all medications in each clients' apartment;

ii. Interview and review of the ALSA documentation with the SALSA on 11/15/18 failed to identify an acceptable practice for the tracking, monitoring, and reconciliation of controlled substances throughout the facility;

iii. Interview and review of the ALSA documentation with the SALSA on 11/15/18 failed to identify written policies and procedures on the management of controlled substance to

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ensure medication safety and safeguard of the client's property.

i. Client #9 was admitted to the ALSA services on 07/01/12 with diagnoses that included diabetes mellitus, anxiety, depression, weight loss and dementia. Client # 9's medications included Tramadol (a Schedule IV controlled substance) 50 mg by mouth every six hours as needed, and Diazepam (a Scheduled IV controlled substance) 2 mg by mouth three times a day.

   i. In an interview on 11/15/18, the SALSA indicated that all narcotics in the facility were locked in the SALSA's office, from which the daily doses and the as-needed (prn) doses were pre-poured and placed in a locked box in the client's room, and failed to demonstrate compliance with State regulations that directed the storage of all medications in each clients' apartment;

   ii. Interview and review of the ALSA documentation with the SALSA on 11/15/18 failed to identify an acceptable practice for the tracking, monitoring, and reconciliation of controlled substances throughout the facility;

   iii. Interview and review of the ALSA documentation with the SALSA on 11/15/18 failed to identify written policies and procedures on the management of controlled substance to ensure medication safety and safeguard of the client's property.

j. Client #10 was admitted to the ALSA services on 07/01/12 with diagnoses that included Alzheimer's disease, cerebrovascular accident and Charcot-Marie-Tooth syndrome.

   Client #10's medications included Alprazolam (a Schedule IV controlled substance) 0.25 mg by mouth three times a day, and Alprazolam 0.25 mg every twelve hours as needed for anxiety.

   i. In an interview on 11/15/18, the SALSA indicated that all narcotics in the facility were locked in the SALSA's office, from which the daily doses and the as-needed (prn) doses were pre-poured and placed in a locked box in the client's room, and failed to demonstrate compliance with State regulations that directed the storage of all medications in each clients' apartment;

   ii. Interview and review of the ALSA documentation with the SALSA on 11/15/18 failed to identify an acceptable practice for the tracking, monitoring, and reconciliation of controlled substances throughout the facility;

   iii. Interview and review of the ALSA documentation with the SALSA on 11/15/18 failed to identify written policies and procedures on the management of controlled substance to ensure medication safety and safeguard of the client's property.

k. Client #11 was admitted to the ALSA services on 05/18/18 with diagnoses that included hypertension, diabetes mellitus, osteoporosis, hyperlipidemia and failure to thrive.

   Client #11's medications included Lorazepam (a Schedule IV controlled substance) 0.25 mg by mouth daily and 0.5 mg by mouth every four hours as needed for agitation.

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i. In an interview on 11/15/18, the SALSA indicated that all narcotics in the facility were locked in the SALSA's office, from which the daily doses and the as-needed (prn) doses were pre-poured and placed in a locked box in the client's room, and failed to demonstrate compliance with State regulations that directed the storage of all medications in each clients' apartment;

ii. Interview and review of the ALSA documentation with the SALSA on 11/15/18 failed to identify an acceptable practice for the tracking, monitoring, and reconciliation of controlled substances throughout the facility;

iii. Interview and review of the ALSA documentation with the SALSA on 11/15/18 failed to identify written policies and procedures on the management of controlled substance to ensure medication safety and safeguard of the client's property.

l. Client #12 was admitted to the ALSA services on 10/15/17 with diagnoses that included normocytic anemia, diastolic congestive heart failure, mild bradycardia, hypercholesterolemia, dementia, depression, Vitamin B12 deficiency, diabetes mellitus and hypothyroidism.

Client #12's medications included Lorazepam (a Schedule IV controlled substance) 0.25 mg every four hours as needed for anxiety and agitation.

i. In an interview on 11/15/18, the SALSA indicated that all narcotics in the facility were locked in the SALSA's office, from which the daily doses and the as-needed (prn) doses were pre-poured and placed in a locked box in the client's room, and failed to demonstrate compliance with State regulations that directed the storage of all medications in each clients' apartment;

ii. Interview and review of the ALSA documentation with the SALSA on 11/15/18 failed to identify an acceptable practice for the tracking, monitoring, and reconciliation of controlled substances throughout the facility;

iii. Interview and review of the ALSA documentation with the SALSA on 11/15/18 failed to identify written policies and procedures on the management of controlled substance to ensure medication safety and safeguard of the client's property.

m. Client #13 was admitted to the ALSA services on 08/18/18 with diagnoses that included dementia, balance disorder, musculoskeletal pain of lower extremities, hypertension, anxiety, hypothyroidism and macular degeneration.

Client #13's medications included Lorazepam (a Schedule IV controlled substance) 0.5 mg by mouth three times a day and Tramadol (a Schedule IV controlled substance) 50 mg by mouth at bedtime.

i. In an interview on 11/15/18, the SALSA indicated that all narcotics in the facility were locked in the SALSA's office, from which the daily doses and the as-needed (prn) doses

were pre-poured and placed in a locked box in the client's room, and failed to demonstrate compliance with State regulations that directed the storage of all medications in each clients' apartment;

ii. Interview and review of the ALSA documentation with the SALSA on 11/15/18 failed to identify an acceptable practice for the tracking, monitoring, and reconciliation of controlled substances throughout the facility;

iii. Interview and review of the ALSA documentation with the SALSA on 11/15/18 failed to identify written policies and procedures on the management of controlled substance to ensure medication safety and safeguard of the client's property.

n. Client #21 was admitted to the ALSA services on 05/04/17 with diagnoses that included organic brain syndrome, dementia without behavioral disturbance, cervical spine stenosis, osteoarthritis status-post bilateral knee replacements. The client's service plan dated 01/17/18 identified the need for weekly medication pre-pouring by a nurse, and assistance from the ALSA aide at medication time.

The client was hospitalized on 12/31/17 with pneumonia, hypoxia, dehydration and acute renal failure, and discharged back to the assisted living facility on 1/16/18.
The hospital discharge orders included for Tylenol 975 mg by mouth every six hours as needed.
The physician's orders in the ALSA community dated 01/16/18 included Tylenol 500 mg by mouth twice a day and 1000 mg by mouth at bedtime.

Interview and review of the discharge orders from the hospital and the Tylenol orders in the assisted living facility with the SALSA on 1/26/18 failed to identify nursing attempts to contact the physician and seek clarification of the Tylenol orders prior to administration.

o. Client #22 was admitted to the ALSA services on 01/22/17 with diagnoses that included cerebrovascular accident with right-sided residual effects, vascular dementia, delusions, acute delirium and gait disturbance.

The client was admitted to the hospital on 10/02/17 and discharged back to the assisted living facility on 10/04/17 with diagnoses of urinary tract infection and gastro-intestinal bleed.
The hospital discharge orders included Vitamin D2 1000 units by mouth daily.

i. Interview and review of the documentation in the clinical record with the SALSA on 1/26/18 indicated that the pharmacy delivered Vitamin D3 1000 units, failed to identify nursing attempts to contact the physician, report the discrepancy and clarify the type of Vitamin D to administer to Client # 22;

ii. Interview and review of the ALSA "Aide Supervision of Medication" form with the SALSA on 1/26/18 identified a document that lacked the name of the medication, dose, route and initials of the clinician administering the medication. Such document was signed by both the nurse for administering "the medications", and by the aide for assisting the

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

client with medication self-administration, in the "morning," at "noon," in the "evening," and at "bedtime;"

iii. Interview and review of the ALSA nursing documentation with the SALSA on 1/26/18 failed to identify the development of a nursing tool to record the name, dose, frequency and route of administration of the medication with the name, credentials, signature or initials of the nurse who administered the medications;

iv. Interview and review of the agency policies and procedures with the SALSA on 1/26/18 failed to identify policies, procedures and/or guidelines for the documentation of medication administration.

v. Interview and review of the nursing documentation with the SALSA on 1/26/18 identified documentation dated 10/04/17 that the ALSA nurse pre-poured Omeprazole 20 milligrams (mg) " per MD orders" and failed to identify the end date for pre-pour period, or the number of days covered by the pre-pouring process;

vi. Interview and review of the nursing documentation with the SALSA on 1/26/18 identified documentation dated 10/29/17, 11/13/17, 11/27/17 and 1/22/18 that Eliquis 2.5 mg was pre-poured by the pharmacy, and failed to identify the end date of the pre-pour period;

vii. Interview and review of the nursing documentation with the SALSA on 1/26/18 identified documentation dated 12/11/17 and 12/26/17 of medication pre-pour with "ditto" marks and failed to identify the medication name, dose, frequency, the nurse's initials, and the end date of the pre-pour period;

viii. Interview and review of the agency policies and procedures with the SALSA on 1/26/18 failed to identify policies, procedures and guidelines to direct the nursing process of pre-pouring medications for the clients;

ix. The client's service plan dated 05/18/17 identified the need for weekly medication pre-pouring by the ALSA nurse and assistance from the ALSA aide with "medication times".
On 01/26/18 the surveyor made a joint visit to Client # 22 with the SALSA, while Licensed Practical Nurse (LPN) #1 was administering medications to Client # 22.
LPN #1 opened a medication planner box, took out the dose for twelve noon, placed the medication in a paper cup, crushed the medication, mixed it in yogurt and fed the mixture to the client.
When the surveyor asked LPN # 1 for the name of the medication being administered, the SALSA answered on behalf of LPN # 1 that the LPN would not know the name of the medication because the pharmacy pre-poured the medication into the medi-planner box.
Interview and review of the Client Service Plan with the SALSA on 1/26/18 indicated

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

that the ALSA nurse was to pre-pour the client's medications, not the pharmacy, and failed to identify conformance with the plan of care;

x. Interview and review of the pre-poured medications with the SALSA on 1/26/18 failed to identify a safe and traceable system for medication delivery by the pharmacy and/or pre-pouring by the ALSA nurse, in order to prevent medication errors;

xi. Interview and review of the surveyor observations with the SALSA on 1/26/18 failed to identify knowledge from LPN #1 of the name of the medication, the dose, the desired effects, the potential side-effects, the interactions with the client's other medications, and the precautions to observe, including the manufacturer recommendations for crushing or not crushing the medication, prior to administering the medication to the client;

xii. Interview and review of the agency documentation with the SALSA on 1/26/18 failed to identify policies and procedures to direct the reconciliation of medications received from the pharmacy in order to ensure medication safety and prevent medication errors.

p. Client #23 had was admitted to the ALSA services on 12/22/16 with diagnoses that included paranoid schizophrenia and delirium. The client's service plan dated 12/06/17 identified the need for medication management by the ALSA nurse, with assistance from the ALSA aide. On 01/17/18 the physician order the medication Tussin DM 5cc four times a day.

i. During a joint visit to Client #22, the surveyor observed Client #23 (who was Client #22's roommate) enter the room with ALSA Aide #1. The surveyor watched ALSA Aide # 1 pour the liquid medication Tussin DM into a medication cup and hand it to Client # 23 to swallow.

Interview with ALSA Aide #1 and the SALSA on 1/26/18 indicated that the ALSA Aide #1's worksheet included instructions from the ALSA nurse to measure and hand medications to clients, and failed to identify knowledge from the SALSA, the ALSA nurses or the ALSA aide that the ALSA aide was not qualified to measure medications and hand out to the clients;

ii. Interview and review of the ALSA form entitled "Aide Supervision of Medication" identified the documentation of the medication "Tussin DM 5 cc" 1/17/18 to 1/27/18 scheduled for "morning," "noon," "evening" and "bedtime," with the ALSA aides initials and failed to identify the specific documentation that the aides were to only assist the client with the self-administration of the Tussin DM, instead of managing and directing the entire process.

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 service agency (13):

DATES OF VISIT: January 26 and November 15, 19, 20, 2018

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

2. Based on review of the agency documentation and interview with agency personnel, the assisted living services agency (ALSA) failed to maintain a complaint log. The findings include:

    a. Interview with the Supervisor of Assisted Living Services Agency (SALSA) and the Executive Director (ED) on 01/2618 indicated that the SALSA and the ED registered and investigated complaints verbally, and failed to identify the maintenance of a complaint log to document the name of the client, the date, nature and resolution of the complaint.

SHADY OAKS
ASSISTED LIVING, LLC
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(860) 583-1526

14 January 2019

Loan Nguyen M.S.N., R.N., C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section
410 Capital Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308

To The Connecticut Department of Public Health

The Shady Oaks Assisted Living LLC Governing Authority and SALSA herein submit their Plan of Correction. It summarizes corrections, completion dates, monitoring, and responsible persons in reply to the 12 December 2018 Connecticut Department of Public Health letter. This is a revised version of the Shady Oaks Plan of Correction as submitted on 26 December 2018.

As of 31 December 2018, Shady Oaks completed compliance with all Regulations of Connecticut State Agencies and/or General Statutes as cited in the original DPH letter.

Additionally, in order to help clarify and resolve content within several citations, Shady Oaks please requests an office conference with a Department of Public Health representative. Shady Oaks wishes to dispute content within citations including 1.a.vi., 1.a.vii., and 1.o.ix..

Shady Oaks is grateful for Department of Public Health guidance. By proactively implementing its Plan of Correction, Shady Oaks has already significantly improved its client services.

Very Respectfully,

Tyson Francis Belanger Ph.D.
Owner & Executive Director

Re accepted 3-18-19 LNguyen

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This Plan of Correction summarizes 1) corrections with completion dates, 2) monitoring, and 3) responsible persons in reply to CT Department of Public Health citations of 12 December 2018. This DPH letter refers to representative visits on 26 January and 15, 19, and 20 November 2018. For brevity, this Plan of Correction uses the acronym "SOAL" for Shady Oaks Assisted Living.

Plan of Correction: Part 1

Part 1 addresses citations that reference the Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing Authority of an assisted living service agency (4) (A) and/or (F) and/or (g) Supervisor of assisted living services (2) (A) and/or (B) and/or (D) and/or (h) Nursing Services provided by an assisted living services agency (1) and/or (2) and/or (3) (J) (v) and/or (4) (A) and/or (C) and/or (k) Client service record (H) (i) and/or (v) and/or the Connecticut General Statutes Chapter 400j, Part I, Section 20-571 (9).

1.a.i. 1.b.ii. 1.c.i. 1.d.i. 1.e.i. 1.f.i. 1.h.i. 1.i.i. 1.j.i. 1.k.ii. 1.l.i. 1.m.i.

1a. SOAL trained nurses on regulatory requirements to store all medications in client rooms on 26 Nov 2018.

1b. SOAL keeps all client medications in each client's apartment as of 10 Dec 2018.

1c. SOAL pre-pours and transfers medications into rooms within 24 hours of delivery as of 10 Dec 2018.

1d. SOAL has procedures to transfer excess medications to families or, with the family's permission, destroy them, as of 10 Dec 2018.

2. SOAL nurses will check the nurse's office for improperly stored medications and two random client rooms weekly for 4 months.

3. SOAL SALSA will ensure compliance.

1.a.ii. 1.a.ix. 1.a.xii. 1.b.iii. 1.c.ii. 1.d.ii. 1.e.ii. 1.f.ii. 1.g.i. 1.g.ii. 1.h.ii. 1.i.ii. 1.j.ii. 1.k.i. 1.k.ii. 1.l.ii. 1.m.ii.

1a. SOAL implemented Medication Administration Charts (MACs) to track controlled substances around 30 Oct 2018. MACs were an early version of SOAL control medication tracking sheets. SOAL replaced MACs with pharmacy format Controlled Substance Disposition Records (CSDRs).

1b. SOAL nurses began using MACs by delivery to track controlled substance deliveries, usage, and disposal around 30 Oct 2018.

1c. SOAL SALSA began maintaining a supervisor binder of MAC original copies around 30 Oct 2018.

1d. SOAL SALSA began pulling zeroed MAC copies, reviewing them, and filing them in client medical records around 30 Oct 2018.

1e. SOAL began controlled substances counts once per day with two licensed nurses doing each count on 24 Nov 2018.

POC accepted 3-18-19 CNguyen

1f. SOAL SALSA trained all nurses on the need to use a separate MAC for each narcotic delivery by 10 Dec 2018.

1g. SOAL replaced all MACs with pharmacy format Controlled Substance Disposition Records (CSDR) by 31 Dec 2018.

1h. SALSA trained all nurses on proper CSDR documentation methods for controlled substances by 31 Dec 2018.

2a. SOAL licensed nurses daily review all active MACs/CSDRs for 4 months.

2b. SOAL RNs will review all MACs/CSDRs as they pull and store zeroed charts.

2c. SOAL SALSA will train nurses on CSDRs during new hire orientations and twice yearly.

3. SOAL SALSA will ensure compliance.

1.a.iii. 1.a.ix. 1.b.iv. 1.c.iii. 1.d.iii. 1.e.iii. 1.f.iii. 1.g.iii. 1.h.iii. 1.i.iii. 1.j.iii. 1.k.iii. 1.l.iii. 1.m.iii.

1a. SOAL wrote a Narcotics Policy with security measures on 20 Nov 2018 and trained all nurses on this policy by 28 Nov 2018.

1b. Only SOAL nurses now handle controlled substances, and CNAs no longer have access to any controlled substances as of about 20 Nov 2018.

1c. SOAL stores all controlled substances in locked control medication boxes or cabinets in client rooms as of 23 Nov 2018.

2a. SOAL will include controlled medication security policies in nursing orientations.

2b. SOAL nurses will actively review controlled medication security procedures to verify continuing compliance with procedures, note discrepancies, and improve procedures for 4 months and twice yearly thereafter.

2c. SOAL will twice a year discuss security policies during in-services with all nurses.

3. SOAL SALSA will ensure compliance.

1.a.iv. 1.b.v.

1a. SOAL completed investigation after survey and shared this with DPH on 10 Dec 2018.

1b. SOAL Executive Director shared investigation results with SALSA, RNs, and LPNs in order to increase awareness for proper procedures during in-service on 10 Dec 2018.

1c. SOAL has investigation policy incorporating DCP and DHP guidance on 16 Dec 2018.

1d. SOAL Executive Director trained licensed nurses on new investigation procedures by 31 Dec 2018. Only SOAL supervisors will conduct investigations.

2. SOAL Executive Director will review any investigations of missing narcotics for 8 months.

3. SOAL Executive Director will ensure compliance.

1.a.v. 1.b.vi.

1a. SOAL policy includes provision for suspension with pay for staff accused of diversion when a client's safety is at risk as of 24 Dec 2018 and trained licensed nurses by 31 Dec 2018.

1b. SOAL policy now has investigation requirement to immediately verify safety of all clients and relevant property as of 24 Dec 2018 and trained licensed nurses by 31 Dec 2018.

1c. SOAL investigations policy now includes provision to provide special attention to ensuring proper medications for ongoing plans of care in order to protect clients from the possibility of missed medications on 24 Dec 2018 and trained licensed nurses by 31 Dec 2018.

2a. SOAL SALSA will monthly review investigation policies and protection of clients.

2b. SOAL Executive Director will review investigations of medication diversion for 8 months.

3. SOAL Executive Director will ensure compliance.

POC accepted 3-18-19 (Nguyen)

1.a.vi. 1.a.xviii.

1. SOAL SALSA trained on need to verify the accuracy of information when communicating with DPH on 20 Nov 2018.
2. SOAL SALSA will monitor counts of hospice clients and the number of clients with controlled substance medications weekly until 31 Dec 2018 then monthly for 4 months.
3. SOAL Executive Director will ensure compliance.

1.a.vii. 1.b.i.

1a. SALSA trained on need to take proactive measures to ensure all residents are protected from harm and account for all medications in the home during investigations into missing medications as of 20 November 2018.
2b. SOAL investigation procedures began requiring SALSA to account for all medications in the home during investigations into missing medications on 16 Dec 2018.
2. SOAL Executive Director will review all investigations for 8 months.
3. SOAL Executive Director will ensure compliance.

1.a.x.

1a. SOAL changed the word on MACs from "dispensed" to "given" by 23 Dec 2018.
1b. SOAL replaced MACs with CSDRs. All CSDRs follow the pharmacy format and use the word "given" instead of "dispensed" as of 31 Dec 2018.
2. SOAL SALSA will review random sample of 10 CSDRs monthly for 4 months.
3. SOAL Executive Director will ensure compliance.

1.a.xi. DPH statement skips this number.

1.a.xiii.

1a. SOAL requires controlled substance medications to remain visible, countable, and in pharmacy containers, not in envelopes, as of about 5 Dec 2018.
1b. SOAL trained nurses on requirement to count visible pills on 10 Dec 2018.
2. SOAL licensed nurses do checks of client controlled substances owned by two randomly chosen clients weekly for 4 months.
3. SOAL SALSA will ensure compliance.

1.a.xiv-1.a.xviii. DPH statement skips these numbers.

1.a.xix. 1.b.viii. 1.b.ix.

1a. SOAL trained SALSA, licensed nurses, and CNAs on proper scope, policies, and procedures of assistance with CNAs at mandatory in-services by 28 Nov 2018.
1b. SOAL re-assigned clients from CNA assistance to LPN administration on 10 Dec 2018.
1c. SOAL RNs inspected one medication assist by each assisting CNA by 21 Dec 2018.
1d. SOAL RNs inspected one administration by each administering LPN by 21 Dec 2018.
1e. SOAL RNs conduct ongoing assessments of self-administration status as of 31 Dec 2018.
1f. SOAL policy has physician evaluations for self-administration status as of 8 Jan 2019.
2a. SOAL staff will report status changes to RNs, and RNs will seek re-evaluations as needed.
2b. SOAL SALSA will do random weekly observations of medication assistance for 4 months.
3. SOAL SALSA will ensure compliance.

POC accepted 3-18-19 CNguyen

1.b.vii. 1.d.iv. 1.f.iv. 1.g.iv.

1a. SOAL SALSA trained on pre-existing policy against CNAs administering medications and discontinued practice of pre-crushing medications for administration on 20 Nov 2018.

1b. SOAL re-trained CNAs about pre-existing policy against them administering medications in order to promote awareness for correct procedures on 28 Nov 2018.

1c. SOAL requires pills to be in labeled containers and whole before nurse administration by about 5 Dec 2018.

1d. SOAL requires all medications to be used or else destroyed immediately after crushing by about 5 Dec 2018.

1e. SOAL RNs inspected one medication assist by each medication assisting CNA in order to promote staff awareness for correct procedures by 21 Dec 2018.

1f. SOAL RNs inspected one administration by each administering LPN by 21 Dec 2018.

2a. SOAL RN will randomly check crushed medication administration monthly for 4 months.

2b. SOAL SALSA will train crushed medication policies with nurses and CNAs twice a year.

3. SOAL SALSA will ensure compliance.

1.n. 1.o.i.

1a. SOAL RNs trained practice to call physicians and seek clarification of orders when discrepancies are found before administration after DPH survey on 26 Jan 2018.

1b. SOAL wrote policy on requirement to examine client orders after hospitalizations on 24 Dec 2018.

2. SOAL two licensed nurses will review physician orders after hospitalizations for 4 months.

3. SOAL SALSA will ensure compliance.

1.o.ii. 1.o.iii.

1a. SOAL now uses complete pharmacy issued Medication Administration Records (MARs) as of spring 2018.

1b. SOAL trained staff on proper MAR documentation of administration including names of medication, doses, routes, times of administration, names of clinician, credentials, and initials as of spring 2018.

1c. SOAL wrote existing MAR procedures into policy as of 23 Dec 2018.

2. SOAL RNs monthly review sample of 10 MARs to verify correct usage by nurses.

3. SOAL SALSA will ensure compliance.

1.o.iv.

1a. SOAL nurses now have written documentation procedures for medication administration as of 24 Dec 2018.

1b. SOAL trained documentation policies with RNs and LPNs by 31 Dec 2018.

2. SOAL SALSA reviews MARs monthly to ensure correct usage.

3. SOAL SALSA will ensure compliance.

1.o.v. 1.o.vi. 1.o.vii.

1. SOAL RNs now verify pre-pour end dates after each change in pre-pour as of 28 Dec 2018.

2. SOAL SALSA reviews pre-pour end dates weekly to ensure correct usage for 4 months.

3. SOAL SALSA will ensure compliance.

Accepted 3-18-19 cNguyen

1.o.viii.

1a. SOAL nurses now have a policy for managing pre-pours as of 24 Dec 2018.
1b. SOAL RNs trained on managing pre-pour policies by 28 Dec 2018.
2. SOAL SALSA reviews pre-pour end date documentation monthly to ensure correct usage.
3. SOAL SALSA will ensure compliance.

1.o.ix.

1a. SOAL licensed nurse ensures pharmacy containers have valid and complete information as of spring 2018.
1b. SOAL policy now requires administered medications to remain in pharmacy containers as of 5 Dec 2018.
2. SOAL licensed nurses daily verify medications are in labeled containers.
3. SOAL SALSA will ensure compliance.

1.o.x.

1a. SOAL nurses check Pharmacy Prescription Label Log at every delivery as of 23 Dec 2018.
1b. SOAL policy requires medications reconciled via Pharmacy Prescription Label Log as of 23 Dec 2018, and RNs trained on this by 31 Dec 2018.
1c. SOAL use pharmacy prepared CSDRs and these will assist pharmacy reconciliation as of 31 Dec 2018.
2a. SOAL licensed nurses check Log at every delivery.
2b. SOAL licensed nurses will review controlled medication security events monthly.
3. SOAL SALSA will ensure compliance.

1.o.xi.

1a. SOAL MARs now identify medications and dose, so LPNs can know desired effects as of spring 2018.
1b. SOAL MARs identify if nurses can crush medications before administering them on or around 20 Nov 2018.
2a. SOAL RNs will monitor 1a. and 1b. monthly and as they file away MARs for 4 months.
2b. SOAL nurses will meet and discuss current medications twice yearly at in-service.
3. SOAL SALSA will ensure compliance.

1.o.xii.

1. SOAL has written policies requiring reconciling pre-pour deliveries as of 23 Dec 2016.
2. SOAL SALSA will review pre-pour sheets once per month.
3. SOAL SALSA will ensure compliance.

1.p.i.

1a. SOAL SALSA discontinued CNAs measuring over-the-counter medications for clients as of spring 2018.
1b. SOAL LPNs administer medications that require measuring for doses as of spring 2018.
2. SOAL SALSA will train CNAs and nurses during orientations and twice each year.
3. SOAL SALSA will ensure compliance.

1.p.ii.

1a. SOAL SALSA trained medication policies with CNAs at in-service on 28 Nov 2018.
1b. SOAL RNs inspected one medication assist by each assisting CNA by 21 Dec 2018.
1c. SOAL RNs provided written medication assistance procedures to CNAs by 31 Dec 2018.
2. SOAL SALSA will train CNAs and nurses during orientations and twice each year.
3. SOAL SALSA will ensure compliance.

Plan of Correction: Part 2

Part 2 to the Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing Authority of an assisted living service agency (4) (A) and/or (E) General requirements for an assisted living service agency (13).

2.

1a. SOAL wrote complaint policy statement and posted them in two prominent locations in Aug 2018.
1b. SOAL includes complaint policies in admissions paperwork in Aug 2018.
1c. SOAL Executive Director has complaint log book for written complaints and verbal complaints that cannot be immediately addressed or that describe a situation that may constitute a regulatory violation as of Aug 2018.
1d. SOAL notifies clients and families of rights to report to DPH if they are unsatisfied as of Aug 2018.
2. SOAL SALSA and Executive Director review complaint log book once monthly.
3. SOAL Executive Director will ensure compliance.