STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality And Safety Branch

November 18, 2020

Sherry Schoonmaker, Executive Director
Geer Village
77 South Canaan Road
Canaan, CT 06018

sschoonmaker@geercares.org

Dear Ms. Schoonmaker:

An unannounced visit was made to Geer Village on November 4, 2020 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an infection control monitoring 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 visit. The state violation 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 November 28, 2020.

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. Please do not send another copy via US mail.

You may wish to dispute the violation and you may be provided with the opportunity to be heard. If the

DATE(S) OF VISIT: November 4, 2020

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

violation is not responded to by November 28, 2020 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

If there are any questions, please do not hesitate to contact this office at Loan.Nguyen@ct.gov.

Respectfully,

Loan D Nguyen

Loan Nguyen MSN, RN, C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

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

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

assisted living services agency (1) (A).

1. Based on review of agency documentation and interview with facility staff, the Assisted Living Services Agency (ALSA) staff failed to follow proper infection control practices to prevent community spread of COVID-19 and protect the residents and staff from infection. The findings include:
   a. According to the ALSA Executive Director (Registered Nurse/RN #1) during an infection control monitoring visit for an outbreak of COVID-19, Licensed Practical Nurse (LPN) #1 and ALSA Aide #1 tested negative on 10/06/2020.
   LPN # 1 and ALSA Aide # 1 subsequently worked together during the 11PM to 7AM shift from 10/7/2020 through 10/8/2020 in the Memory Care unit.
   During that shift, LPN # 1 and ALSA Aide # 1 failed to follow the ALSA policies and procedures and took their meal break on 10/8/2020 with their masks off (in order to eat) in the nursing office inside the Memory Care unit, without the benefit of social distancing from co-workers and/or exiting the resident care area to use the staff lounge.
   On 10/14/2020, LPN #1 and ALSA Aide #1 underwent another scheduled testing of ALSA staff, and tested positive for COVID-19.
   The outbreak that followed included sixteen clients who tested positive on 10/19/2020 and 10/21/2020 in the Memory Care unit, along with three clients in the Traditional ALSA unit, nine residents in the Independent Living, and fifteen staff members.

GEER VILLAGE
The Lodge

Phone: 860-824-2600
Fax: 860-824-7024

poc accepted 11/30/2020 KD

November 27, 2020

Geer Village-Lodge – ALSA

Resulting from the unannounced visit of the Facility Licensing and Investigations Section of the CT Public Health Department; the following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (e) General requirements for an assisted living services agency (1) and/or (f) Personnel policies for an assisted living services agency (1) (A):

1. Based on review of agency documentation and interview with facility staff, the Assisted Living Services Agency (ALSA) staff failed to follow proper infection control practices to prevent community spread of COVID-19 and protect the residents and staff from infection. The findings include:
   a. According to the ALSA Executive Director (Registered Nurse/RN #1) during an infection control monitoring visit for an outbreak of COVID-19, Licensed Practical Nurse (LPN) #1 and ALSA Aide #1 tested negative on 10/06/2020.
   LPN # 1 and ALSA Aide # 1 subsequently worked together during the 11PM to 7AM shift from 10/7/2020 through 10/8/2020 in the Memory Care unit.
   During that shift, LPN # 1 and ALSA Aide # 1 failed to follow the ALSA policies and procedures and took their meal break on 10/8/2020 with their masks off (in order to eat) in the nursing office inside the Memory Care unit, without the benefit of social distancing from co-workers and/or exiting the resident care area to use the staff lounge.
   On 10/14/2020, LPN #1 and ALSA Aide #1 underwent another scheduled testing of ALSA staff and tested positive for COVID-19.
   The outbreak that followed included sixteen clients who tested positive on 10/19/2020 and 10/21/2020 in the Memory Care unit, along with three clients in the Traditional ALSA unit, nine residents in the Independent Living, and fifteen staff members.

Plan of Correction:

For LPN#1 and ALSA Aide #1; both were interviewed related to contact tracing after testing positive for Covid-19 on 10/12/20 and 10/14/20, respectively. Both self-reported the above violation in taking meal breaks and PPE use. Both LPN#1 and ALSA Aide#1 resigned their positions prior to returning to work.

Re-Education of all staff regarding Infection Control Policies and Procedures was initiated on 10/17/20 and completed by 10/26/20. Email notification to all staff with posting at the entry screening station and in all work areas regarding the Covid-19 Outbreak and appropriate PPE use with designated break areas completed on 10/17/20.

Policy "Staff Breaks and Meal Consumption" was created and educated to all staff on 11/6/20. Auditing for compliance began 11/6/20 with 100% compliance achieved by 11/22/20. Auditing is ongoing. Policy education and auditing by the SALSA/ designee and Resident Care Coordinator with oversight by the Executive Director.

Audit results, analysis and Plan of Correction compliance will be reviewed by Quality Assurance Committee at quarterly meetings.

Sherry Schoonmaker, RN
Executive Director