Watermark at East Hill Wood

Violation Letter

&

Approved POC for 5-4-18

Watermark at
Crest Hill Wood

Violation Letter

&

Approve Pool for
2-4-18

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 2, 2020

Kristin Butler, Executive Director
Watermark At East Hill Wood
611 East Hill Road
Southbury, CT 06488

KButler@watermarkcommunities.com

Dear Ms. Butler:

An unannounced visit was made to Watermark At East Hill Wood on May 4, 2018 by representatives of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a licensing 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 12, 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.

DATE(S) OF VISIT: May 4, 2018

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

You may wish to dispute the violation and you may be provided with the opportunity to be heard. If the violation are not responded to by November 12, 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

LDN:lst

DATE(S) OF VISIT: May 4, 2018

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

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (l) Quality assurance program for an assisted living services agency (2)

1. Based on review of the assisted living services agency (ALSA) documentation and interview with the agency personnel, the ALSA Quality Assurance (QA) Committee failed to conduct meetings every 120 days to review the quality of the care provided to the ALSA clients. The findings include:

Interview and review of the meeting minutes of Quality Assurance Committee with the Service Coordinator on 5/4/18 at 12:23 identified meetings held on 1/19/17 and 7/27/17, failed to identify a QA meeting held in April 2017 and failed to identify QA meetings held at 120 day-interval to review the quality of the care provided to the ALSA clients.

WATERMARK
RETIREMENT COMMUNITIES

POC
approved
11/13/2020

November 11, 2020

Loan Nguyen, RN, MSN, BC
Supervising Nurse Consultant
Facility Licensing and Investigations Section
410 Capitol Ave – MS# 12HSR
Hartford, CT 06134

Dear Ms. Nguyen;

Per your request, attached is the plan of corrections for the violation found from the unannounced site visit on May 4, 2018 for the purpose of conducting a licensing inspection.

Preparation and or execution of this plan of correction does not constitute admission or agreement by the provided of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.

Sincerely,

Jeffrey Williams
Executive Director

WATERMARK
RETIREMENT COMMUNITIES

POC approved 11/2/2018 Jan Jones RN

Plan of Correction – CT Watermark East Hill, LLC
d/b/a
Watermark at East Hill Woods, The
(re: May 4, 2018 Re-Licensing Audit)

The following is the plan of correction for the identified violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (l) Quality assurance program for an assisted living services agency (2)

CORRECTIVE ACTION
The institution's Quality Assurance Committee shall meet at least once every 120 days. The schedule for meetings will be to meet on or about January 15 of each year and not less frequently than once every 120 days thereafter. The committee will follow the Watermark Retirement Communities (WRC) *Quality Assurance Committee – CT Only* policy (CT-AL-P001) and will document the meetings utilizing WRC *QA Meeting/CT Only Agenda and Minutes* form (CT-QI-F001).

EFFECTIVE DATE
This corrective measure is effective November 20, 2018.

MONITORING
The institution will conduct quarterly reviews of the documentation to assure that QA Committee meetings are scheduled, conducted and documented per the above schedule. This review will be conducted by the Supervisor of Assisted Living Services.

RESPONSIBLE PERSON
The Service Coordinator will be responsible for ensuring the institution's compliance with this Plan of Correction.