

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

January 9, 2021

Terry Jackson, Executive Director
Brightview Shelton
30 Beard Sawmill Road
Shelton, CT 06484
tjackson@bvsl.net

This is an amended violation letter to replace the violation letter dated December 23, 2020.

Dear Mr. Jackson:

An unannounced visit was made to Brightview Shelton on December 8, 2020 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation.

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 January 3, 2021.

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

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Affirmative Action/Equal Opportunity Employer

DATE(S) OF VISIT: December 8, 2020

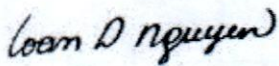
THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT
STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES
WERE IDENTIFIED

submit a plan of correction to Michael.j.smith@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 violation is not responded to by January 3, 2021 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 Michael.j.smith@ct.gov.

Respectfully,



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

CT # 29094

DATE(S) OF VISIT: December 8, 2020

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT
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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).

1. Based on clinical record review and staff interview, for one of one client under quarantine for Covid-19 exposure (Client # 1), the Assisted Living Services agency (ALSA) failed to ensure the maintenance of quarantine and isolation of infected clients in order to protect staff and all other clients from contagion. The findings include:

Client #1 was admitted to the Memory Care Unit on 10/8/2019 with diagnoses that included dementia, hypertension, muscle weakness, depression, anxiety disorder and dysphagia. The Client Service Plan dated 11/18/2020 identified the need for assistance with medication management, bathing, grooming, personal needs and dressing.

The ALSA documentation indicated that Client #1 was admitted to Hospital #1 on 11/12/2020 for treatment of a urinary tract infection, and discharged back to the Memory Care Unit at the ALSA on 11/18/2020.

According to the ALSA Executive Director, Client #1 tested negative for covid-19 at the hospital prior to returning to the ALSA and later reported negative tests from the hospital on 11/12, 11/15, and 11/17 before the resident was discharged back to the ALSA on 11/18.

Based on the ALSA policies on re-admission, the client was placed on quarantine for 14 days, then would receive additional covid testing three to five days after re-admission, prior to the determination to end the quarantine after 14 days.

The Executive Director indicated in an interview on 12/8/2020 that Client # 1 was swabbed for covid-19 testing on 11/23/2020 while in quarantine.

While the Executive Director indicated that the ALSA staff donned full Personal Protective Equipment (PPE) consisting of wearing masks, gloves and eye protection each time the ALSA staff entered Client # 1's apartment to take care of Client # 1's needs, the Executive Director and the Supervisor of Assisted Living Services Agency (SALSA) acknowledged that on 11/26/2020, Client # 1 was allowed to come out of own apartment in full violation of the quarantine principles, in order to have dinner in the common dining room in the company of other Memory Care clients seated across the table from Client # 1, all clients were without masks (because of the meal consumption) or any other form of PPE.

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The facility documentation indicated that on 11/27/2020, the day following that meal in the common dining room, Client # 1's testing sample (which was previously collected on 11/23/2020) came back positive and supported the fact that Client # 1 while Covid-19 positive was allowed to leave the apartment to break the quarantine and eat in the common dining room with other Memory Care clients, indoor and without any form of PPE.

POC Accepted M. Smith

Brightview Shelton POC for DPH visit 12/08/2020

DPH visit of 12/08/2020 and is providing a (POC) Plan of Correction to assure Brightview Senior Living procedures, protocols and guidelines are followed in the future in accordance with the CT DPH regulations.

Plan of Correction:

- 1. The Executive Director and Health Service Director (SALSA) will adhere to keeping any resident, who returns from a leave absence greater than 24 hours on quarantine per Brightview Senior Living Protocols until the second Negative test is received.**
- 2. Brightview protocols for a resident returning from a 24-hour Leave of Absence to the community were reviewed with the Executive Director, Health Services Director, Assisted Living Director and Wellspring Village Director on 01/14/2021 to assure proper follow through of Brightview Protocols.**
- 3. Daily the community, via the Executive Director submits status information thru the mutualaidplan.org, including testing results, COVID status for resident and associates and will continue to complete daily and accurately. As well as the Executive Director is required to complete any changes in associates and residents Covid status changes to an internal Brightview Senior Living Smartsheet, which will be reviewed by the Regional Director weekly with the Executive Director.**
- 4. Terry Jackson, Executive Director, is responsible for ensuring he institution's compliance with its plan of correction.**

It is our responsibility and obligation to comply with all state regulations and guidelines to ensure the safety of the residents and associates.



Terry Jackson

Terry Jackson
Executive Director
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Shelton, CT 06484
Phone: 203-493-4345
BrightviewShelton.com

