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, 2022

Melanie Jamieson, SALSA
Geer Village
77 South Canaan Road
Canaan, CT 06018
mjamieson@geercares.org

Dear Ms. Jamieson:

An unannounced visit was made to Geer Village on December 21, 2021 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation with additional information received through December 29, 2021.

Attached is a 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, 2022

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;

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 (iv) and/or (k) Client service record (H) and/or CGS 19a-562a. Training Requirements (c) and/or Connecticut General Statues (CGS) 19a-491c(c)(1). Criminal background checks and fingerprinting.

1. Based on a review of the clinical record, facility documentation, interviews and review of agency policies, the Assisted Living Services Agency (ALSA) failed to initiate an investigation when client #1 reported an allegation of misconduct, failed to ensure client#1 had a Service Plan that was completed as often as necessary based on the client's condition, but not less frequently than every 120 days, failed to ensure a contracted employee (housekeeping services) was fingerprinted prior to beginning work within ALSA's secured unit, in accordance with Connecticut General Statues (CGS) 19a-491c(c)(1), and failed to ensure the contracted employee received dementia training in accordance with CGS 19a-562a. Training Requirements (c). The findings include:
   a. Client#1 who resided on the memory care unit, was admitted to the ALSA program on 5/28/21 with diagnoses that included dementia, hypertension, and anxiety disorder. The initial service plan dated 5/28/21 identified Client#1 needed assistance with bathing, grooming and personal hygiene, and was ambulatory utilizing a walker.

      On 11/17/21 at 10:11 pm Licensed Practical Nurse/LPN#3 documented that the Client complained that his/her right arm "hurt". No "marks to the arm", were noted by LPN and the SALSA had been made aware of complaint.

      On 11/17/21 at 5:30 pm Person#1 sent an email to the Supervisor of Assisted Living Services Agency (SALSA) and stated that the client was "greatly distressed by how s/he was treated by a staff member". The SALSA replied to Person #1's email, on 11/17/21 at 8:00 pm, that s/he was aware that the client had been washing his/her hair in the sink independently and that the client had declined assistance from facility staff. SALSA further stated in her email to Person #1, that the SALSA would follow up the next week to address any concerns in person, as she was away at a conference.

      On 11/20/21, LPN #4 documented that Person#1 called and requested to speak with the Executive Director. Executive Director spoke with Person#1 and requested a statement with the description of the events of client #1 being touch by cleaning lady while client #1 was washing his/her hair in bathroom sink. Person#1 provided a statement to the Executive Director on 11/22/21.

      Review of the facility investigation identified that the investigation was initiated on 11/22/21, five days following the allegation of mistreatment.

      Interview and review of the facility documentation with the SALSA on 12/29/21 at 1:30 pm, and the Executive Director on 12/29/21 at 2:30 pm identified that the facility failed to initiate a timely investigation.

GEER VILLAGE
The Lodge

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

February 9, 2022

Ms. Cheryl Davis, R. N., B.S.N.
State of Connecticut Department of Health
Public Health Services Manager
Facility Licensing and Investigation Section
410 Capitol Avenue, P. O. Box 340309
Hartford, CT 06134-0308
cheryl.davis@ct.gov

Dear Ms. Davis:

Please find the Geer Lodge-ALSA Plan of Correction attached in response to violation of the Regulations of Connecticut State Agencies/General Statutes of Connecticut which were noted following the unannounced visit to Geer Lodge on December 21, 2021. Supporting documents have also been included.

The plan of correction includes:

1) Measures Geer ALSA has completed and intends to implement to prevent recurrence of each identified issue
2) Date corrected measures have been or will be completed by
3) Geer ALSA plan to monitor quality assessment and performance improvement to e nsure sustainable change
4) Title of responsible staff member as requested

Please reach out to me should you require additional information or require amendments to our Plan of Correction.

Respectfully,

Melanie Jamieson, RN, MBA, CHC
Director of Resident Care/SALSA

MJ/bwf

Enclosures

Accepted
2/14/2219

Geer Village-Lodge-ALSA
Plan of Correction 2/08/2022

Violation	Measures/Systemic Change	Date Effective	QAPI Action to Ensure Corrective Measure Efficacy	Title of Responsible Individual
CGS 19-13-D105 (e) (1) Lack of timely follow up per ALSA policy on Abuse, Neglect, and Exploitation.	Employee re-education r/t abuse, neglect, and exploitation policy. Checklist for responding/reporting to ensure thorough/prompt investigation and conclusion.	Completed 02/07/2022 2/15/2022	Internal review of all reports of abuse, neglect, or exploitation to include audit for timely follow up, notification of outcome to family/resident per policy; if substantiated reported to appropriate agencies per policy for 100% compliance. Audit results and analysis reported to QAPI committee quarterly.	SALSA/SALSA Designee
CGS 19-13-D105 (k) (H) Service plan not reviewed and updated within 120 days	Client #1 service plan was updated 11/22/2021; physician orders received. All service plans have been reviewed and updated. 100% compliant. EMR (PCC) has been corrected to reflect correct 120 day review dates. Staff education to update service plan for changes in condition/or change to required interventions.	Completed 11/22/2021 Completed 02/02/2022 Completed 01/27/2022 Completed 2/7/2022	Monthly audit of recertifications due utilizing PCC Dashboard for 100% compliance; audit results reported to QAPI committee quarterly. Monthly audit of five charts with progress note review to ensure required changes/changes in condition updated in service plans; ongoing. Quarterly QAPI review of five charts for service plan updates/timeliness within 120 days during quality meeting.	SALSA/SALSA Designee

Accepted
2/14/2212

Geer Village-Lodge-ALSA
Plan of Correction 2/08/2022

CGS 19a-491c (c) (1) Fingerprinting	Identified contracted employee: fingerprinting was completed and received 1/13/2022. Executive Director facilitated compliance by contractor with fingerprinting requirement.	Completed 1/13/2022 Completed 12/28/2022	SALSA/SALSA designee to verify completion of fingerprinting on all new hires; to verify with other department heads for contracted employees.	SALSA/SALSA Designee
CGS 19a-562a(c) Mandatory dementia training within 6 months.	Identified employee/housekeeper completed required dementia training. Executive Director/Human Resources Director have corrected contractor practice to require dementia training during orientation. Dementia module added to Relias to ensure completion by all hires.	Completed 12/29/2021 Completed 12/29/2021	Monthly audit of Relias education to ensure all ALSA employees and contracted employees with direct resident access have completed required dementia training on hire and annually. 100% compliant 12/29/2021, Monthly auditing for 100% compliance. Audit results reported to QAPI committee quarterly.	Executive Director SALSA/SALSA Designee

TGEER VILLAGE

77 South Canaan Road
Canaan, Connecticut 06018
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Policy Title: **Abuse, Neglect & Exploitation**

Purpose: **Resident's free of Abuse, Neglect & Exploitation**

Revised: **9/27/16**

Policy Statement:

1. **Screening**- All Prospective employees of the community will undergo a screening process which shall include completion of an application, reference checks, a criminal background check, and licensure or certification verification, if applicable.

2. **Employee Training**- All employees will be trained on recognizing and reporting abuse, neglect and exploitation.

3. **Identification and Internal Reporting of possible Abuse, Neglect or Exploitation**- Employees will immediately report suspicious injuries which may indicate possible abuse or neglect as well as any allegations of abuse, neglect or exploitation of which the employee becomes aware to a supervisor or to the Executive Director.

4. **Responding to Suspected incidents/ Investigations**-

    a. Upon receipt of an allegation of abuse, neglect or exploitation, steps will immediately be taken to protect the resident against possible further incidents and to obtain any necessary medical or support services to the affected resident.
    b. If an allegation of abuse, neglect or exploitation involves a specific employee, the employee will be immediately removed from caring from caring for the resident and suspended with pay pending the results of the investigation.
    c. The Nursing Supervisor will be responsible for immediately initiating an investigation into the alleged conduct.
    d. The resident who is the victim of the alleged abuse, neglect or exploitation shall be immediately interviewed even if he or she suffers from dementia or is otherwise incapable.

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e. All Employees working within the timeframe the alleged incident occurred will be interviewed as well as any other (residents, family members or private duty caregivers) who may have information regarding the allegations.
f. All allegations of abuse, neglect or exploitation will be documented as well as steps taken to investigate and the results of any investigation.
g. The result of any investigation will be reported to the resident or his or her family.
h. Once the investigation is complete, if the allegation is substantiated appropriate steps will be taken to prevent further abuse and any employee (s) impacted will be disciplined up to and including termination.

5. **Reporting of abuse to DDS and police-** If the Community reasonably suspects or believes that abuse, neglect or exploitation has occurred, a report must be made to the Department of Social Service (DDS) within 72hours. Reports should be made using DSS Form W-675, a copy of which can be obtained at WWW.ct.gov/dss/lib/dss/pdfs/W675.pdf.
   a. Department of Social Service (DDS)
      55 Farmington Ave.
      Harford, Ct 06105
      Phone (888)385-4225
      Fax (860)424-5091

   In addition, a report should be made to the local Police Dept
   b. Troop B
      Rt. 7 463 Ashley Falls Rd.
      North Canaan, Ct 06018
      (860) 824-2500

6. **No Retaliation-** No retaliation will be tolerated for reports of abuse, neglect or exploitation made in good faith and will subject the employee engaging in retaliation to discipline up to and including possible termination.

Reviewed 9/11/17

Heidi 9/28/16

GEER VILLAGE
Senior Community

Meeting Sign-in Sheet

Department: Geer Lodge Nursing

Meeting Location: 2nd fl. Conference Room

Time: 3:00 PM

Agenda Items Discussed: Abuse, Neglect & Exploitation Policy

Name (Print)	Title	Facility	Signature
Kelly McAllister	CNA	Nursing	Kelly McAllister
Peter Wellauer	RN	NSG	Peter Wellauer
Linh Pham	CNA	NSG	Linh Pham
Tammy Schmidt	CNA	NSG	Tammy Schmidt
Hailey Blaisdell	CNA	NSG	Hailey Blaisdell
Donna Hill	RN	NSG	Donna Hill
Yuana Flores	CNA	NSG	Yuana Flores
Samantha Towle	CNA	Nursing	Samantha Towle
JANE LINDSAY	CNA	NSG	Jane Lindsay
Alisa Arms	RN	NSG	
Lisa Videtto	LPN	NSG	
Person	LPN	NSG	Person
J. Dunn	CNA	NSG	J. Dunn

Audit Tool Geer Village-Lodge-ALSA

Plan of Correction: **Timely follow-up on reports of Abuse, Neglect, Exploitation**

Month	Audit Date	Abuse/Neglect /Exploitation Report	Timely Investigation	Substantiated	Checklist Complete	Family Notified of Conclusion	Appropriate Agency Notifed	Follow up/comments

Monthly Audit Tool Geer Village-Lodge-ALSA

Plan of Correction: **HR Files: Finger Printing/Dementia Training**

Audit Date	**Fingerprinting Completed New Hires/Validate HR Orientation Checklist**	**Dementia Training Current/Relias Report Run and Verified**	**Comments/Issues/Follow Up Actions**

Monthly Audit Tool Geer Village-Lodge-ALSA

Plan of Correction: **Service Plans Reviewed and Updated Timely**

Monthly Audit

Resident Chart	Progress Notes Match Changes to Service Plan	Service Plan Reflects Changes in Condition/Interventions	120 day review timely	Resident/Family Signatures Present	Physician Orders Signed for Recertification
Chart #1					
Chart #2					
Chart #2					
Chart#4					
Chart #5					