STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality And Safety Branch

August 12, 2019

Matthew Martland, Person-in-Charge
Elton Residential Care Home
30 West Main Street
Waterbury, CT 06710

Dear Mr Martland:

An unannounced visit was made to Elton Residential Care Home on June 17, 2019 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 July 15, 2019.

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.

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 August 26, 2019.

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 may be subject to disciplinary action.

Keeping Connecticut Healthy
DPH
Connecticut Department of Public Health

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PHAB
Public Health Accreditation Board

DATE(S) OF VISIT: June 17, 2019

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 is not responded to by **August 26, 2019** 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 (860) 509-7400.

Respectfully,

Karen Gworek, RN

Karen E. Gworek, R.N., B.S.N.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

KEG/LG:jf

c. Mairead Painter, LTC Ombudsman

Complaint #25313

DATE(S) OF VISIT: June 17, 2019

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

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (m) Administration of Medications (2)(D)(iv) and/or (c) Administration (1).

1. Based on resident record review, review of facility policy and interviews for one of three sampled residents (Resident #1) who self-administered their own mediation and received insulin, the facility failed to follow their policy regarding responsibilities when preparing medications for administration. The findings include:
    a. Resident #1's diagnoses included diabetes mellitus. The April 2019 Mediation Administration Record identified a physician's order which directed Lantus insulin 100 units/milliliter, inject 10 units daily at 7:00 AM. The Reportable Event Form dated 4/3/19 identified Resident #1 was supposed to inject Lantus insulin 10 units via pen, but instead injected Basaglar insulin 46 units via pen. The report identified Resident #1 was handed the incorrect insulin pen from the certified medication technician. The report indicated Resident #1 was transferred to the hospital for an evaluation and at 4:15 PM returned to the facility. The hospital discharge summary directed to monitor Resident #1's blood sugar every two (2) hours times three (3) after patient returns to the facility. Upon further review, the clinic record failed to reflect documentation that blood sugars were monitored as per physician's order. Interview with the Lead Floor Aide on 6/17/19 at 9:30 AM identified she was late for work and was rushed. The Lead Floor Aide stated Resident #1 and another resident (Resident #2) were arguing and in the middle of the confusion, she took out Resident #2's insulin from the refrigerator, dialed the dose from the label and did not refer to the MAR for Resident #1's prescribed order. The Lead Floor Aide stated the mistake was realized when she was putting the insulin pen back into the box. Review of facility medication administration policy identified that the process for preparing medications for administration requires the med certified technician to verify the Right Resident, Right Medication, Right Dose, Right Route and Right Time, comparing the medication to the administration record 3 times prior to handing the resident their medications. Subsequent to the incident, the staff were educated regarding the administration of medications, and assisting the resident with blood sugar checks, to give the resident the equipment and then write the results in the record.

Approved
8/28/19
KEG

Elton Residential Care Home
The Elton - An Historic Landmark
30 West Main Street
Waterbury, CT 06702
Phn. (203) 756-1229
Fax (203) 596-8222

8/23/2019

[redacted]
Supervising Nurse Consultant
Facility Licensing and Investigations Section
410 Capitol Ave, P.O. Box 340308
Hartford CT, 06134

[redacted]

We appreciate your concern for the self-reported medication error. In response to the August 12, 2019 letter is as follows:

1. There were no systemic changes; all aides are Medication Administration Certified to proper procedures, according to §19-13-6(m) corrective action to be taken if three (3) errors are made within 30 days from the initial error.
Both the floor aides who worked that day received verbal warnings. All of our aides received a review of the correct medication administration procedure as an in-service, which was reviewed by the DPH Investigator on the field visit in June. In the in-service, we made sure to emphasize the importance of the Rule of Three and the 5 Rights: Right Client/Resident, Right Medication, Right Time, Right Dose and Right Route as well as Rule of Three.
The Elton RCH chose to help reduce potential errors by giving every resident that takes insulin their own colored pencil box that is labeled with their name and medication. Each resident's pencil box is checked against MAR sheets and the Doctor's orders, as specified in the Rule of Three.
In regards to the documentation of the BS check records, all aides are aware that they now have to reflect special procedures or changes of medical orders on both their office shift notes and on the MAR sheets. A copy will be given to Administration the following day.

2. This addition to our procedure at the Elton RCH was enacted immediately on 4/3/19, the same date as the incident.

3. The Elton RCH intends to continue to monitor and assess its function by continuing to use these pencil boxes and have continued supervision in procedures from the

Administration, especially in regards to reflect documentation after a resident returns from the hospital.

4. All staff protocols and procedures, as well as compliance are checked through Administration Daniel Knowlton, Director of Personnel & General Manager and Director of Medical Procedures & Admissions Linnea Szantyr, who is also Medication Administration Certified.

Respectfully,

Daniel Knowlton
Elton RCH Administration

Linnea Szantyr
Elton RCH Administration