Section 3

2021

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH SYSTEMS REGULATION

DHSR **#13a**

Page 1 of ____

LICENSING INSPECTION REPORT

Name and Address of Entity

BAL
Edge Hill Health Center ALSA

122 Palmers Hill Road
Stamford, CT 06902

Email:
tlangrin@benchmarkquality.com

Signature of DHSR Staff

Melissa J. San Souci RN — Nurse Consultant

Licensure Category: ALSA

Licensed Capacity: 36 Census: 32

Date(s) of Onsite Inspection: N/A

Date(s) Additional Information Obtained: N/A

Personnel Contacted: Tashia Langrin, RN, SALSA, Chris Cilano, ED, Sandra Bardsley, Regional RN

REVIEW/FINDINGS/PROCESS (complete all applicable)

[ ] Licensing Inspection: [ ] *Initial* [ ] *Renewal* [ ] *Other:* _____

[ ] Revisit for the Purpose of _____

[X] See Complaint Investigation # CT 30209 unannounced desk audit 06/17/21, 06/22/21, 06/23/21, 06/24/21

[ ] See Reportable Event Investigation # _____

[ ] See Certification file.

[ ]X Violations of the Public Health Code of the State of Connecticut and/or Regulations of Connecticut State Agencies were identified at the time of this inspection.

→ See violation letter dated 6-28-2021 ?

[ ] Citation # _____ was issued to this facility as a result of this inspection.

[ ] Violations of the Public Health Code of the State of Connecticut and/or Regulations of Connecticut State Agencies were not identified at the time of this inspection.

[ ] Citation # _____ was verified as corrected. _____ Was notified that the licensee was no longer required to post Citation (see narrative).

[ ] Citation # _____ was not corrected (see narrative).

[ ] Narrative Report / Additional Information Attached.

[ ] Referral(s) to: _____

EPORT SUBMITTED BY Melissa J. San Souci, RN **DATE OF REPORT** 06/24/21

[X] Approval for Issuance of License granted by : Anna Erlich 6/28/2021
Supervisor / Title **Date**

DHSR **#13d**

ENTITY: _____

DATES OF VISIT: _____

Copy

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

June 28, 2021

Tashia Langrin, Supervisor of Assisted Living Service Agency
Edgehill Health Center
122 Palmers Hill Road
Stamford, CT 06902

Email:tlangrin@benchmarkquality.com

Dear Ms. Langrin:

An unannounced desk visit was made to Edgehill Health Center on June 24, 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 June 24, 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 July 8, 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 submit a plan of correction may be subject to disciplinary action.

DATE(S) OF VISIT: June 24, 2021

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 July 8, 2021 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

Please return your response to the Nurse Consultant via email at melissa.san.souci@ct.gov. Please direct your questions concerning the instructions contained in this letter to the Supervising Nurse Consultant at (860) 509-7400. Please do not send another copy via US mail.

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

Inna Erlikh, RN
Inna Erlike, RN
Supervising Nurse Consultant/Interim
Facility Licensing and Investigations Section

IE:lst

c: Complaint CT #30209

DATE(S) OF VISIT: June 24, 2021

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 D19-13-D105 Assisted living services agency (ALSA) (d) Governing authority of an ALSA (4)(A) and/or (g) Supervisor of assisted living services (2)(B) and/or (h) Nursing services provided by an ALSA (3)(B)(D)(E) and/or (i) Assisted living aide services provided by an ALSA (3)(A) and/or (k) Client service record (H)(vi).

1. Based on review of the clinical record, agency documentation and interview with agency staff for one of three clients (Client #1) who resided in the memory care unit, the agency failed to provide care according to the service plan and/or the Supervisor of Assisted Living Services Agency (SALSA) failed to supervise the ALSA aides. The findings include:

   Client #1 was admitted to the memory care unit on 06/22/2020 with diagnoses that included dementia. The client's service plan dated 04/13/2021 identified the client had a self-care deficit and required assistance from the ALSA aides for all activities of daily living. In addition, the client required oral care by the ALSA aide to set up the toothbrush and toothpaste and provide step by step instructions to brush three times a day, and to report all refusals to nursing.

   Review of Client #1's daily aide care log dated May 2021 identified the following oral care instructions: brush teeth three times a day; use electric toothbrush and report all refusals to nursing.

a. Interview and review of the June 2021 aide care log with the SALSA on 06/24/21 at 12:30 pm failed to identify the instructions for oral care. The SALSA indicated the instructions should have been carried over from May to the June aide care log.

b. Interview and review of Client #1's daily aide care logs dated May 2021 and June 2021 with the SALSA on 06/24/21 at 12:30 pm identified documentation that oral care was provided twice a day and failed to identify oral care was provided three times a day as directed on the service plan.

   Review of Client #1's nursing notes from January to June 2021 identified several dental appointments for cavity repair and a root canal for an infected tooth that was treated with an antibiotic.

PoC Accepted
07/12/21
In San Juan Rd

Edgehill Health Center
Plan of Correction-Survey Ending June 24, 2021

Violation of Section D19-13-D105 Assisted living services agency (ALSA) (d) Governing authority of an ALSA (4)(A) and/or (g) Supervisor of assisted living services (2)(B) and/or (h) Nursing services provided by an ALSA (3)(B)(D)(E) and/or (i) Assisted living aide services provided by an ALSA (3)(A) and/or (k) Client service record (H)(vi).

(1) Measures to Prevent Recurrence

- An audit is being conducted of all resident Care Logs to ensure accuracy and consistency with service plan.
- Client #1's June Care Log was update on 6/25/2021 to reflect appropriate instructions. Care Log for July 2021 updated to reflect written instructions for oral care: brush three times a day; use electric toothbrush and report all refusals to nursing.

Inservice of all staff responsible for printing Care logs to ensure proper procedures for updating care logs and consistency with service plan.

- Inservice ALSA aides to review updated care log for Client #1.

(2) Date of Completion

- July 7, 2021

(3) Monitoring Plan

SALSA will review those monthly client Care logs that have had any changes to their Service plans.
SALSA will conduct random audits of 9 charts for 90 days to reach 85% compliance. Once compliance is met, then 15% of clinical record reviews will continue monthly.
Service plan changes will be updated electronically immediately to prevent error.

(4) Staff Member Responsible
SALSA

Poc Accepted
07/12/21
M Jan Souza RN

Edgehill
A Benchmark Signature Living Community

July 7, 2021

Ms. Inna Erlikh, RN
Supervising Nurse Consultant/Interim
Facility Licensing & Investigations Section
State of Connecticut Department of Public Health
410 Capital Avenue
PO Box 340308
Hartford, CT 06314-0308

Re: Edgehill Health Center
Plan of Correction
Complaint CT#30209

Dear Ms. Erlikh,

As you are aware, the Department of Public Health ("DPH") completed an unannounced desk visit at our facility, Edgehill Health Center on June 24, 2021.

On June 28, 2021, we received your letter, which notified us that the DPH had determined that Edgehill Health Center did not comply with certain Regulations of Connecticut State Agencies and/or Connecticut General Statues.

Your letter stated that we must submit a plan of correction to the Department by July 8, 2021.

Enclosed is Edgehill's plan of correction (POC) which addresses each of the alleged violations, which are cited in the Violations of the Regulations of Connecticut State Agencies and/or Connecticut General Statues that accompanied your letter. This Plan of Correction constitutes the facility's allegations of compliance.

The filing of this Plan of Correction does not constitute and may not be construed as an admission to the alleged violations. This Plan of Correction is filed in accordance with applicable law and as evidence of the facility's continuing commitment to high quality care.

Please let us know if you have any questions or if you required any additional information.

Sincerely,

Tashia Langrin, RN
SALSA