GEER VILLAGE
The Lodge

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

Accepted
1/23/25
CT Heiney RN BSN

January 17, 2025

Elizabeth Heiney, BS, RN, BC
Supervising Nurse consultant
Facility Licensing and Investigations Section
Elizabeth.Heiney@ct.gov

Complaint #41592

FID 12/30/24
CT# 41592

Ms. Heiney
Please find the Geer Village-ALSA Plan of Correction attached in response to the violation of the Regulations of Connecticut State Agencies/General Statutes of Connecticut which were noted following the unannounced visit to Geer Lodge on December 30, 2024, looking into an Abuse and Neglect Allegation.

The plan of correction includes:

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

Please reach out to me should you require additional information, supportive documentation, clarification of our Plan of Correction or we need to make amendments to our Plan of Correction.

Respectfully submitted,

Robin Annecharico, RN
Director of Resident Care/SALSA
rannecharico@geercares.org

Anastasia Nicholas
Executive Director Geer Lodge
Snicholas@geercares.org

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality And Safety Branch

January 10, 2025

Anastasia Nicholas, Executive Director
Geer Village
77 South Canaan Road
Canaan, CT 06018
Via email: bfehn@geercares.org, rannecharico@geercares.org

Dear Ms. Nicholas:

An unannounced visit was made to Geer Village on December 30, 2024, by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a complaint investigation survey.

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 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 January 20, 2025.

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 OF VISIT: December 30, 2024

THE FOLLOWING VIOLATION OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WAS 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 January 20, 2025, or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

We do not anticipate making any practitioner referrals at this time.

Please return your original violation letter, along with your response and Plan of Correction, to Elizabeth Heiney, Supervising Nurse Consultant, at Elizabeth.Heiney@ct.gov. Please direct your questions concerning the instructions contained in this letter to Elizabeth Heiney directly at (860) 509-8059. Please do not send another copy via US mail.

Respectfully,

/s/

Elizabeth Heiney, BS, RN, BC
Supervising Nurse Consultant
Facility Licensing and Investigations Section

EH:csf

c. VL

Complaint #41592

DATE OF VISIT: December 30, 2024

THE FOLLOWING VIOLATION OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WAS IDENTIFIED

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (e) General requirements for an assisted living services agency (1) and (g) Supervisor of assisted living services (2)(A)(B) and (h) Nursing Services provided by an assisted living service agency (1)(3)(C)(D) and (m) Client's bill of rights and responsibilities (5).

1. Based on review of clinical records, agency documentation, staff interviews and an agency policy for two of two clients (Client #1 and #2) in the survey sample who resided in the secured memory care unit, the Assisted Living Services Agency (ALSA) failed to follow the agency's Abuse, Neglect and Exploitation policy, and failed conduct a Registered Nurse (RN) assessment following an abuse allegation. The findings include:
   a. Client #1 was admitted to the agency on 08/07/2024 and resided in the secured memory care unit with diagnoses of dementia, anxiety, depression, and cardiovascular disease.

      The Client's initial nursing assessment and service plan dated 08/07/2024, identified Client #1 required nursing assessments and medication administration. Additionally, the Client had a private duty aide to assist with dressing, grooming, bathing and toileting.

   b. Client #2 was admitted to the agency on 08/22/2024 and resided in the secured memory care unit with diagnoses of dementia, chronic obstructive pulmonary disease, respiratory failure, and weakness.

      The Client's initial nursing assessment and service plan dated 08/22/2024, identified Client #2 required nursing assessments and medication administration. Additionally, the Client required ALSA aide assistance with dressing, grooming, bathing and toileting.

      Interview and review of the agency's investigation dated 09/27/2024 with the Supervisor of Assisted Living Services Agency (SALSA) on 12/30/2024 at 1:00 PM, identified on 09/27/2024 at 1:30 PM Housekeeper #1 observed Client #2 throw a shoe at Client #1 which hit the Client in the face. Licensed Practical Nurse (LPN) #1 evaluated Client #1, reported the incident to the SALSA, the Client's Advanced Practice Registered Nurse (APRN) and Client #2's responsible person/primary emergency contact.

      On 09/28/2024, Client #1 responsible person/primary emergency contact was notified of the 09/27/2024 incident by the Registered Nurse Designee. Between 09/30/2024 and 10/02/2024 at the request of Client #1's responsible person, a report was filed with the Department of Social Services and with the local police department related to the incident on 09/27/2024. The SALSA failed to identify the agency followed the Abuse, Neglect and Exploitation policy. Additionally, the SALSA failed to identify an RN assessment of Client #1 was conducted following the allegation of abuse.

DATE OF VISIT: December 30, 2024

THE FOLLOWING VIOLATION OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WAS IDENTIFIED

Review of the agency's Abuse, Neglect and Exploitation policy identified the allegation of abuse would be reported to the Client's responsible person. Additionally, if the investigation substantiated the allegation of abuse the agency would file a report to the Department of Social Services within seventy-two hours and a report would be made to the local police department.

Plan of Correction for Violation #1:

The following (is a / are) violation(s) of the Regulations of Connecticut State Agencies Section xxxxxxxxxxx.

Accepted
1/23/25
ET Henry RN BSN

submitted 1/17/2025 Geer Village - Plan of Correction re: Complaint #41592

Violation	Measures/Systemic Changes	Effective Date	QAPI Action to Ensure Corrective Measure Efficacy	Title of Responsible Individual
CGS 9-13-D105 (e)(1) An agency shall be in compliance with all applicable federal, state and local laws and regulations and	*Review and Update the Policy regarding Abuse, Neglect and Exploitation. *Conduct an Inservice on the updated Abuse, Neglect and Exploitation Policy. *Audit Relias online training platform for completion of proper training and inservices to employees on Abuse, Neglect and Exploitation reporting.	*Updated Policy Revision to be completed January 17, 2025. *Inservice to employees regarding the new Abuse and Neglect Policy to be completed on January 24, 2025. *Relias audit of employee compliance training on Abuse and Neglect Reporting to be completed January 24, 2025.	*Nursing Inservice on New Abuse, Neglect and Exploitation policy. *Weekly reports of employee inservice compliance via Relias.	Executive Director, Director of Resident Care, SALSA Designee
(g) The supervisor of Assisted Living Services (2)(A)(B) responsibilities include, but are not necesariy limited to: coordinating and managing all nursing and assisted living aide services rendered to clients by direct service staff under his or her supervision; along with supervision of assigned nursing personnel and assisted living aides in the deliverey of nursing services and assistance with the provision of activities of daily living.	In conjuction with the new Abuse, Neglect and Exploitation policy inservice revision there will be an inservice to all nursing personell on timely reporting of incidents, RN assessments r/t incidents and timely notification of the incident to the primary family care provider.	Inservice on Timely reporting of incidents, RN nursing assessments and family notification to be completed on January 24, 2025.	Daily communications report in Point Click Care Dashboard, along with Daily Clinical morning meetings M-F involving Department Heads; (ED, SALSA, activities, OT, admissions, and dietary). Upon admission and during the collection of clincal data primary care family members will be identified within 24 hours of admission.	Director of Resident Care, SALSA Designee and Admissions

Continued	Measures/Systemic Changes	Effective Date	QAPI Action to Ensure Corrective Measure Efficacy	Title of Responsible Individual
(h) Nursing services provided by an assisted living service agency (1) an assisted living service agency shall have written polices governing the delivery of nursing services (3) A registered nurse shall be responsible for the following which shall be documented in the client's service record (C) assessments completed as often as necessay based on client condition but not less frequently than 120 days and prompt action when a change in the client's contiion would requiare a change in the client's service program. (D) coordination of services with the client, family and other appropriate individual involved in the client service program.	Inservice on what warrants an assessment with a Registered nurse, a change in clinical condition and a review along with an update to designated family members in a timely fashion.	Inservice Date January 24, 2025 and ongoing	Daily communications report in Point Click Care Dashboard, along with Daily Clinical morning meetings M-F involving Department Heads; (ED, SALSA, activities, OT, admissions, and dietary).	The Supervisory nurse on Duty will report clinical changes to the Director of Resident Care or SALSA Designee. The Director of Resident Care or SALSA Designee will implement the change in condition assessment.
(m) Client's Bill of Rights and responsibilities (5) right of the client to be free from physical and mental abuse and exploitation and to have personal property treated with respect.	Inservice with employees reviewing Resident's Bill of Rights, specifically r/t a Safe habitable residential environment and reportable events.	ongoing education to staff and reviewing of Resident's Rights with new Admissions	Quarterly chart audits during QA auditing for signed receipt of Resident's Bill of Rights upon admission	Director of Resident Care, SALSA Designee, and Admissions

The Lodge at Geer Village
Policy & Procedure

Department:	Nursing		
Subject:	Abuse, Neglect & Exploitation		
Date Issued:	9/27/2016	**Date Revised:**	**01/01/2025**
Approvals: S Nicholas			

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-**

- Upon receipt of an allegation of abuse, neglect or exploitation, steps will immediately be taken to protect the resident or employee against possible further incidents and to obtain any necessary medical or support services to the affected resident/employee.
- If an allegation of abuse, neglect or exploitation involves a specific employee, the employee will be immediately removed from caring for the resident and suspended with pay pending the results of the investigation.
- The Nursing Supervisor will be responsible for immediately initiating an investigation into the alleged conduct and reporting it to the Director of Resident Care/SALSA or Designee that is on call.
- 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. If the resident suffers from dementia or is incapable of being interviewed, the designated responsible party for the resident will be called to see if they want to file a complaint regarding the alleged conduct.
- All Employees working within the timeframe the alleged incident occurred will be interviewed as well as any other individuals (residents, family members or private duty caregivers) who may have information regarding the allegations.
- All allegations of abuse, neglect or exploitation will be documented as well as steps taken to investigate and the results of any investigation.
- The result of any investigation will be reported to the resident/employee and the responsible party, as appropriately listed.

- 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 24 hours.

The most up-to-date reporting information will be found on the State of CT website. Currently located here: https://portal.ct.gov/dss/social-work-services/social-work-services/report-elder-abuse

If you suspect that a person who is age 60 or older is being abused, neglected, exploited or abandoned, make a report to the Protective Services for the Elderly Program.

There are three (3) different ways to report cases of suspected abuse, neglect, exploitation, or abandonment: by phone, by form and online.

- **By Phone:** Toll-free line: **1-888-385-4225.**

Staff are available to receive calls between 8:00am and 4:30pm Monday through Friday.

  - After business hours or on weekends or state holidays: call the Infoline at **2-1-1.**
  - Outside of Connecticut: call the Infoline 24/7 at **1-800-203-1234.**

- **By Form:** Complete the Report Form (W-675)
  - Email to PSEReferrals.DSS@ct.gov
  - Fax to 860-424-5091
  - Mail to DSS/PSE, 55 Farmington Avenue, Hartford, CT 06105

In addition, a report should be made to the local Police Dept
Troop B
Rt. 7 463 Ashley Falls Rd. North Canaan, Ct 06018
(860) 626-1820

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

The Lodge at Geer Village
Policy & Procedure

Department: Nursing	
Subject: Abuse, Neglect & Exploitation	
Date Issued: 9/27/2016	**Date Revised: 01/01/2025**
Approvals: S Nicholas	

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