38819

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

June 14, 2024

Accepted
6/24/24
CTHealthy

Brenda Felletter, SALSA
Brookdale Wilton
96 Danbury Road
Wilton, CT 06897
Via Email: BreFel@brookdale.com and Chrcar3@brookdale.com

Dear Ms. Felletter:

An unannounced visit was made to Brookdale Wilton on May 24, 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 are the violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which were noted during the course of the visits. 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 June 24, 2024.

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.

You may wish to dispute the violations and you may be provided with the opportunity to be heard. If the violations are not responded to by June 24, 2024, or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

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

Please return your original violation letter, along with your Plan of Correction and response, 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 #38819

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 General requirements of the Assisted Living Service Agency and (g)(2)(B) Supervising Assisted Living Aides and (m)(5) Bill of Rights.

1. Based on clinical record review, interview with facility personnel, and review of agency documentation, the Assisted Living Services Agency nursing staff failed to provide supervision of the Assisted Living Aides for the assurance of client monitoring and safety. The findings include:
   a. Client #1 had a move in date to the memory care assisted living community on 12/15/23. The admitting diagnoses included dementia, and cognitive impairment. The client service plan dated 4/4/24 indicated that Client #1 required set up assist with dressing, grooming, showering, and medication management.

   b. Client #2 had a move in date to the assisted living community on 1/17/2013 and was transferred to the Memory Care community 6/21/2022. The admitting diagnoses included dementia, anxiety, atherosclerosis, major depression, and paranoid personality disorder. The client service plan dated 5/13/24 indicated that Client #2 received assistance with bathing, grooming, toileting, and medication management.

      Review of the agency investigation with the Executive Director and the Supervisor of Assisted Living Service Agency (SALSA) on 5/24/24 at 9:35am, identified on Saturday May 11, 2024, at 1pm, LPN #1 witnessed Client #1's hand in the pants of Client #2, while the two were sitting in the living room of the memory care unit. The two clients were separated, Client #2 was assessed for injuries, and the responsible parties and medical providers were notified, no further medical evaluation was determined at this time.

      Documentation review identified Client #2's apartment was changed to further create distance between both client's apartments, and Client #1 was scheduled for an evaluation by the Behavioral Health APRN.

      Review of the Behavioral Health clinical documentation consultation by Psych APRN #1, identified a medical exam, including a medication review was completed, and laboratory specimens for testing. A medication change was made to assist with the reduction of impulses, including Client # 1 sexual advances. Ongoing Behavioral Health follow-up, and laboratory results pending.

      Review of Client #1's clinical documentation with the ED and SALSA on 5/24/24 identified, Client #1 was diagnosed to have a Urinary Tract Infection, potentially causing the impulsive behaviors. Client was placed on antibiotics and will be followed by his/her primary, and the Behavioral Health APRN. The ALSA nursing staff failed to provide supervision of the Assisted Living Aides for the assurance of Client #1's safety monitoring.

Plan of Correction for Violation #1:

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing Authority of an Assisted Loving Services Agency (4)(f) and General requirements for an assisted living services agency (l), and Public Act No. 21-185.

2. Based on review of the agency documentation and interview with agency personnel, the agency failed to employ a part-time Infection Preventionist according to public Act No. 21-185. The findings include:
   a. Review of agency documentation with the ED and SALSA on 5/4/24 T 10:00 AM, failed to identify a part-time Infection Control Preventionist was employed by the agency at the time of this onsite visit.

Plan of Correction for Violation #2:

Accepted 4/24/24 CTHulley

Violation 1: Section 19-13-D105 General requirements of the Assisted Living Service Agency and (g)(2)(B) Supervising Assisted Living Aides and (m)(5) Bill of Rights.

1. The Health and Wellness Director or designee will retrain the nurse and nurse's aide staff on recognizing and communicating changes in condition/behavior in residents with dementia.
2. The retraining will be completed by 7/5/2024.
3. To assist with ongoing compliance, the Executive Director or designee will conduct a weekly audit of the CNA communication logs and survey of discomfort tools to verify changes in condition/behavior are being communicated to the nursing staff. Residents will be assessed pursuant to State law and the community Change of Condition policy. Findings will be reviewed in QA.
4. The Executive Director and SALSA are responsible for compliance.

Violation 2: Section 19-13-D105 (d) Governing Authority of an Assisted Living Services Agency (4)(f) and General requirements for an assisted living services agency (l), and Public Act No. 21-185.

1. The Executive Director has identified an LPN to serve as an Infection Preventionist and will enroll this LPN in an infection preventionist training course. In the interim, a registered nurse from the community will execute the infection control functions until the training is complete.
2. An infection preventionist will be enrolled into training on 7/01/2024.
3. The community's infection preventionist will complete a community infection control audit utilizing an Infection Prevention and Control Assessment Tool. This audit will be completed quarterly. Findings from the audit will be reviewed in QA.
4. The Executive Director and SALSA are responsible for compliance.