#38228

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

April 30, 2024

Accepted
5/7/24
CTHill

Stacey Pellingra, Executive Director
Harborchase Of Evergreen Walk
1000 Evergreen Way
South Windsor, CT 06074
Via E-mail: spellingra@harborchase.com

Dear Ms. Pellingra:

Unannounced visits were made to Harborchase Of Evergreen Walk concluding on April 4, 2024 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 April 8, 2024.

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 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, along with your original state violation letter, to the Department by <u>May 10, 2024</u>.

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 violation and you may be provided with the opportunity to be heard. If the violation is not responded to by May 10, 2024 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 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.

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

Respectfully,

Elizabeth T Heiney BS RN BC

Elizabeth T. Heiney, B.S., R.N., B.C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

ETH:lst

c. VL
Complaint CT #38228

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing Authority of an assisted living services agency (4)(A) and/or (e) General requirements for an assisted living services agency (1) and/or (g) Supervisor of assisted living services (2)(A)(B) and/or (i)(5)(B) Nursing Services Supervision of Assisted Living Aides.

1. Based on clinical record review, interview with facility personnel, review of agency policies, for one (1) of five (5) clients (Client #1) that received services from an Assisted Living Service Agency (ALSA), the agency failed to supervise the care and services provided by the assisted living aide. The findings included:

    a. Client #1 had a move in date to the Assisted Living Community on 5/06/22. The admitting diagnoses included hypertension, muscle weakness, sleep apnea, and dementia.

    Review of the client service program dated 12/7/23 indicated that Client #1 required assistance of aide staff for Activities of Daily Living (ADL's) including dressing, bathing, grooming, toileting, transfer of 1 staff to wheelchair or bed to chair, and medication management.

    Interview with the complainant on 3/25/24 at 10:30am identified while observing care at the ALSA facility, he/she witnessed Aide # 1 being verbally and physically abusive to Client # 1. Complainant further identified that while Aide #1 was caring for the client, she was overheard making unprofessional, derogatory comments about the client, referring to the client as "mean". Aide #1 was observed providing care in a rough manner, pulling a cloth pad under client, hard, causing client's body to jerk from side to side. The Aide was also observed to be very aggressive clean the client's peri area, with more force then necessary, causing client to cry out in pain. Client #1 was heard to say at least 2 times, "You're hurting me, stop". Aide #1 ignored the request to stop, continuing to hurt the client during care.

    Interview with ALSA Aide #1 on 3/25/24 at 11AM identified she never had any problems with any of her clients on her assignment and did not report any negative behaviors or client complaints in the care she provided to the clients.

    Interview and review of the agency investigation documentation dated 4/4/24 at 10:00am, and the Performance Correction Report dated 4/10/24 with the Executive Director and Supervisor of Assisted Living Services (SALSA) identified that during personal care of Client #1, Aide #1 was heard and observed being verbally and physically abusive toward the client. The ED further identified Aide #1 was interviewed regarding the allegations, but denied any abusive behaviors, toward any clients. Aide #1 was terminated by the facility. The agency failed to ensure the safety and rights of Client #1 from physical and mental abuse and failed to ensure the oversight of aide staff in the delivery of care and services provided to the agency clients.

Per Agency Policy on Client Neglect and Abuse, any staff member identified as being abusive and/ or neglectful to clients and does not adhere to the agency standards of conduct, under the ethical standards of conduct section, will be terminated.

Plan of Correction to Violation #1:

Accepted
5/7/24
CT

May 3, 2024

Stacey Pellingra RN, Executive Director

Katherine Madigan RN- SALSA

HarborChase of Evergreen Walk

1000 Evergreen Way

South Windsor CT 06074

spellingra@harborchase.com

Plan of Correction response for unannounced visit on April 4, 2024.

Violation of Regulation Section 19-13-D105

1. HarborChase of Evergreen Walk will continue to provide Abuse training to all staff upon hire and yearly.
2. By 5/15/2024 all staff will have been inserviced on the Abuse Policy and training
3. This will be audited by Katherine Madigan RN, monthly for 3 months to verify this is being done at new hire for each associate.

1. HarborChase of Evergreen Walk will continue to perform 120 day Aide supervisions on all certified nursing aides.
2. Audit will be completed by 5/15/2024 on current status of completion of 120 day aide supervisions. 10% of charts will be audited monthly for 3 months to verify compliance by Katherine Madigan RN.