#394325

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

October 9, 2024

Accepted
10/24/24
Etdemyswc

Gina Cambre, Executive Director
Bridges By Epoch At Norwalk
123 Richards Avenue
Norwalk, CT 06854
Via e-mail: gcambre@bridgesbyepoch.com

Dear Ms. Cambre:

An unannounced visit was made to Bridges By Epoch At Norwalk on September 26, 2024 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation.

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 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 October 19, 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 October 19, 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 #39625

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (e) General requirements for an assisted living services agency (1) and/or (g) Supervisor of assisted living services (2)(A)(B) and/or (h) Nursing Services provided by an assisted living service agency (3)(C).

1. Based on review of clinical records, agency documentation, interviews with agency personnel and agency policies for one of three clients (Client #1) in the survey sample with a change in condition, the Assisted Living Services Agency (ALSA) failed to follow the agency's Change in Status policy. The findings include:

    a. Client #1 was admitted to the ALSA on 02/14/2024 and resided in the secured memory care unit with diagnoses of dementia, benign prostatic hyperplasia (enlarged prostate), hypertension and coronary artery disease. The Client's 120-day assessment and service plan dated 06/11/2024, identified the Client received nursing services for assessments, medication administration and ALSA aide assistance with grooming/personnel hygiene, bathing, incontinence care, wheelchair transfers and mobility.

    Review of Client #1's hospital summary dated 05/08/2024, identified the Client arrived at the emergency department on 05/08/2024 and was treated for urinary retention. The Client returned to the ALSA on 05/16/2024 and was admitted to hospice services.

        i. Interview with ALSA aide #1 on 09/26/2024 at 12:05 PM, identified on 05/08/2024 she was assisting Client #1 with eating, but the Client appeared to pocket food in his/her mouth, would not swallow, started coughing and presented with weakness. The ALSA staff called 911 and transferred the Client into a wheelchair. The Client was transported to the hospital by ambulance.

        ii. Interview and review of Client #1's nursing note dated 05/02/2024, 05/05/2024, 05/07/2024 and 05/08/2024 with the Executive Director and Supervisor of Assisted Living Services Agency (SALSA) on 09/26/2024 at 12:45 PM, failed to identify the Client's change in condition on 05/08/2024 was documented in the clinical record in accordance with the agency's policy.

    Review of the agency's Change of Status policy, identified when there was a noticeable change in the mental, medical, or functional status of a client, the changes would be documented in the client's record and notification of the client's physician and responsible party would be documented.

    Plan of Correction Violation #1:

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 Assisted living services agency (e) General requirements for an assisted living services agency (1) and/or (g) Supervisor of assisted living services (2)(A)(B) and/or (i) Assisted living aide services (1)(3)(A).

2. Based on clinical record reviews and interviews with agency personnel for one of three clients (Client #1) who received assisted living services for assistance with personal care. The Assisted Living Services Agency (ALSA) aides failed to follow the service plan. The findings include:

    a. Client #1 was admitted to the ALSA on 02/14/2024 and resided in the secured memory care unit with diagnoses of dementia, benign prostatic hyperplasia (enlarged prostate), hypertension and coronary artery disease. The Client's 120-day assessment and service plan dated 06/11/2024, identified the Client received nursing services for assessments, medication administration and ALSA aide assistance with grooming/personnel hygiene, bathing, incontinence care, wheelchair transfers and mobility.

    Review of Client #1's hospital summary dated 05/08/2024, identified the Client arrived at the emergency department on 05/08/2024 and was treated for urinary retention. The Client returned to the ALSA on 05/16/2024 and was admitted to hospice services.

        i. Interview with ALSA aide #1 on 09/26/2024 at 12:05 PM, identified on 05/08/2024 she was assisting Client #1 with eating, but the Client appeared to pocket food in his/her mouth, would not swallow, started coughing and presented with weakness. The ALSA staff called 911 and transferred the Client into a wheelchair. ALSA aide #1 identified she did not clean the Client's face, hands or provide incontinence care prior to the ambulance arriving.

        ii. Interview and review of the agency's investigation with the Executive Director and Supervisor of Assisted Living Services Agency (SALSA) on 09/26/2024 at 12:45 PM, identified Person #1 had voiced concern to the Executive Director allege when Client #1 arrived at the hospital on 05/08/2024 he/she appeared unclean and had not received incontinence care. Subsequent, to the agency's investigation, the ALSA aides received in-service training regarding best practices for providing personal care to clients prior to transferring to the hospital.

        Plan of Correction Violation #2:

Accepted
10/24/24
CT DPH

Violation #1: The following is a plan of correction for violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (e)

General requirements for an assisted living services agency (1) and/or (g) Supervisor of assisted living services (2)(A)(B) and/or (h) Nursing Services provided by an assisted living service agency (3)(C).

Prevention of Recurrence:

(1). Re- Training of SALSA on Change of Condition/Coordinating nursing and ALA services/Supervising nursing and assisted living aides care: The SALSA was re-trained and re-educated on the policies/procedures as it relates to the resident change of condition. As the RN, the SALSA is responsible for maintaining change of condition and for updating care plans as it pertains to any resident changes. Documentation included creating a new change of condition assessment and for communicating with the care givers once the change occurs. The documentation of change of condition included notification of the legal representative and the physician. Re-training the SALSA on the policy related to the timing of the assessment on move in, on the 120 day assessments and on the change of condition assessments. The SALSA is responsible for coordinating and managing all nursing and assisted living aide services. The SALSA is responsible for the supervision of nursing and the assisted living aide personnel.

Date of Completion:

(1) Completed on 6/12/2024
(2) Completion date for re-training 10/24/2024

Monitoring Quality Assessment & Improvement:

(1). For the next 90 days (from 10/19/24) assessments, progress notes, communication reports, daily huddles incident reports, tracking reports, manager on duty reports and verbal communication will be utilized to identify and resident change of condition and the required communication of such.

Person Responsible:

(1). Executive Director
(2). VP Wellness

Prevention of Recurrence:

(1). LPN Education: A Formal re-education for the LPN nurse staff to inform the RN staff of any potential change in condition. The LPN staff, per state regulations, is not able to identify and assess for any change of condition. Rather, the LPN will report to the RN and it will be the RN's responsibility to determine if change of condition occurred. The LPNs role is merely to report to the RN for further assessment.

Date of Completion:

(1). Completion date 10/28/2024

Monitoring Quality Assessment & Improvement:

(1). For the next 90 days (from 10/19/24) assessments, progress notes, daily huddles, communication reports, incident reports, tracking reports, manager on duty reports and verbal communication will be utilized to identify and resident change of condition and the required communication of such. The RN will work with the LPNs to identify and to determine whether an RN assessment is required for a change of condition assessment.

Person Responsible:

(1). SALSA
(2). Executive Director

Prevention of Recurrence:

(1). Assisted Living Aide Education: A re-education of the assisted living aides so that they can report any changes to the LPN/RN staff. The RN staff, per state regulations, is able to identify and assess for any change of condition. The assisted living aide will report to the LPNs/RNs, but it will be the RN's responsibility to determine if a change of condition occurred. A review of the care givers responsibility and care plan in identifying when residents are not feeling well or not doing well.

Date of Completion:

(1). Completion date 10/28/2024

Monitoring Quality Assessment & Improvement:

(1). For the next 90 days (beginning on 10/19/24) assessments, progress notes, daily huddles, communication reports, incident reports, tracking reports, manager on duty reports and verbal communication will be utilized to identify a resident change of condition and the required communication of such. The RN will work with the LPNs to identify and to determine whether an RN assessment is required for a change of condition assessment.

Person Responsible:

(1). SALSA
(2). Executive Director

Violation # 2: The following is plan of correction for a violation of the Regulations of Connecticut State Agencies Section 19-13-D105

Assisted living services agency (e) General requirements for an assisted living services agency (1) and/or (g) Supervisor of assisted living services (2)(A)(B) and/or (i) Assisted living aide services (1)(3)(A).

Prevention of Recurrence:

(1). Re-Training of SALSA on Coordinating nursing and ALA services/Supervising nursing and assisted living aides care: The SALSA is responsible for coordinating and managing all nursing and

assisted living aide services. The SALSA is responsible for the supervision of nursing and the assisted living aide personnel. Re-training of the SALSA on the included responsibilities. The SALSA will be responsible for maintaining that all care plans are being followed.

Date of Completion:

(1) Completion date 10/24/2024

Monitoring Quality Assessment & Improvement:

(1). For the next 90 days (beginning on 10/19/24) assessments, progress notes, resident care plan, communication reports, daily huddles incident reports, tracking reports, manager on duty reports and verbal communication will be utilized to identify any related coordination of care, and supervision of nursing and assisted living aide related matters.

Person Responsible:

(1). Executive Director
(2). VP Wellness

Prevention of Recurrence:

(1). Re-Training of the Assisted Living Aide: Re-training of the assisted living aides on the assisted living aide services, specifically on Assistance with Daily Living care, toileting, hygiene, and oral hygiene. The training will include the importance of following the resident care plan.

Date of Completion:

(1) Completion date 10/28/2024

Monitoring Quality Assessment & Improvement:

(1). For the next 90 days (beginning on 10/19/24) assessments, resident care plan, progress notes, communication reports, daily huddles incident reports, tracking reports, manager on duty reports and verbal communication will be utilized to identify and resident ADL care/hygiene and other care matters.

Person Responsible:

(1). Supervisor of the Assisted Living Agency (SALSA)