Elim Park

POC accepted 6/8/26 ks

**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 living services agency (4) (A) and (e) General requirements for an assisted living services agency (1) (13) and (g) Supervisor of assisted living services (2) (A) (B) and (h) Nursing Services provided by the assisted living services agency (2) (D).**

- Based on review of the clinical record, agency documentation and staff interview, for two of two clients, (Client's #2 & #4), the agency failed to maintain a complaint log for the years 2023, 2024, 2025, and 2026 and failed to ensure family concerns were entered into the complaint log and investigated and documented outcomes.

(1) Prevention of Recurrence:
- Re-training of LPNs and RNs to report all family and resident concerns in the complaint log and report to the supervisor.
- Re-training of LPNs and RNs on the Elim Park Baptist Home Inc. complaint policy.
- Supervisor to follow up with an investigation into every complaint and document follow up in complaint log.
- Re-train LPNs and RNs on the CT Regulation 19-13-D105 (d) (4)(A) and (e) (1) (13) and (g) (2) (A) (B) and (h) and Nursing Services agency (2) (D).
- ALSA supervisor to respond to all complaints within five business days, stating how concerns of the family or resident were addressed and document in the log.

(2) Date of Completion:
- July 4, 2026.

(3) Plan:
- Inservice re-training this month for LPNs and RNs.
- Monthly tracking for documentation for 6 months by supervisor for compliance.

(4) Title of person responsible:
- ALSA Supervisor or RN Designee

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**Plan of Correction for Violation #2:**

The following are violations of the Regulations of Connecticut State Agencies **Section 19-13-D105 (d) Governing authority of an assisted living services agency (4) (A) and (e) General requirements for an assisted living services agency (1) and (g) Supervisor of assisted living services (2) (A) (B) and (h) Nursing Services (3) (D) and (i) Assisted living aide services (3) and (k) Client services record (2) (F) (H) (vi).**

- Based on review of clinical records, agency documentation, and staff interviews, for one of four clients (Client #4), the agency failed to ensure care to meet the client's needs and failed to follow the care plan.

(1) Prevention of recurrence:

- Re-training of LPNs and RNs on how to properly change an ostomy bag and wafer and provide appropriate care to ostomy site.
- Re-training of LPNs, RNs, and CNAs on CT Regulations 19-13-D105 (d) (4) (A) and (e) (1) and (g) (2) (A) (B) and (h) (3) (D) and (i) (3) and (k) and (2) (F) (H) (vi).
- Re-training of LPNs, RNs, CNAs to follow the service plan as stated to meet the needs of the resident.
- Re-training of LPNs, RNs, and CNAs to complete proper documentation as required.

(2) Date of Completion:

- July 4, 2026

(3) Plan:

- Inservice re-training this month for LPNs, RNs, and CNAs.
- Ostomy training on June 17, 2026, at 3:30pm by Christine Coburn, RN, BSN, CWON.
- Weekly tracking for compliance of documentation by nurses and CNAs.

(4) Title of person responsible:

- ALSA Supervisor or RN Designee

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**Plan of Correction for Violation #3:**

The following are violations of the Regulations of Connecticut State Agencies **Section 19-13-D105 Assisted living services agency (d) Governing authority of an assisted living services agency (4) (A) (F) and (H) Nursing Services (3) (J) and (k) Client service record (I).**

- Based on review of the clinical record, agency documentation and staff interview for one of one client (Client #1), the agency failed to document a fall and failed to develop a comprehensive fall policy.

(1) Prevention of recurrence:

- Have Point Click Care add tab for nurses to enter Incident reports in the medical record.
- Develop a Fall Intervention policy.
- Training of all LPNs, RNs, and CNAs to Fall Policy and Procedure.
- Re-training of all LPNs and RNs on CT Regulations D19-13-D105 (d) (4) (A) (F) and (h) Nursing Services (3) (C) (J) and (k) and (I).

(2) Date of Completion:

- July 4, 2026.

(3) Plan:

- Point Click Care added Incident Report tab on June 1, 2026.
- Develop Fall Intervention Policy as soon as possible.
- Train LPNs and RNs on Fall Intervention Policy and Procedure.
- SALSA to follow up and sign off on all incidents in Point Click Care.
- Weekly tracking and documentation log for follow up of falls and incidents.

(4) Title of person responsible:

- ALSA Supervisor or RN Designee