

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

March 19, 2024

Christopher Lathrop, Executive Director
Bal Waterbury
180 Scott Road
Waterbury, CT 06705
Via E-mail: Clathrop@benchmarkquality.com

*Accepted
L. T. Henry*

Dear Mr. Lathrop:

An unannounced visit was made to Bal Waterbury on February 28, 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 February 29, 2024.

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, along with your original state violation letter, to the Department by March 29, 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



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(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 is not responded to by March 29, 2024 or if a request for a meeting is not made by the stipulated date, the violations 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 B.S. R.N. B.C.

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

ETH:lst

c. VL
Complaint CT #37705

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

1. Based on clinical record review and staff interviews for one of two clients (Client #1) who received assisted living services for assistance with personal care, medication management and safety monitoring, the Assisted Living Services Agency/ALSA aide failed to follow agency policies on Code of Conduct. The findings include:

- a. Client #1 was admitted to the memory care assisted living services agency (ALSA) program on 10/07/22. The admitting diagnoses included dementia, encephalopathy and history of a stroke. The client service plan dated 6/29/23 identified the need for cueing with grooming and showering and medication management.

Review of agency documentation with the Executive Director/ED on 2/28/24 at 9:30 AM identified that on 11/13/23 at 7 AM, the client complained to LPN #1 that a woman was grabbing his/her bag, s/he punched the woman and the woman punched back, then pointed to ALSA aide #1. LPN #1 reported the client's concern to the RN Designee.

Interview with the RN Designee on 2/28/24 at 10 AM identified that on 11/13/23, ALSA aide #1 was interviewed and provided a statement indicating that at 6:30 AM, s/he entered the client's room to assist with the shower, the client indicated that s/he already took a shower, but had the same clothes on, the aide went to the closet to get a pair of sweatpants, the client grabbed the pants and the ALSA aide pulled the pants back. The client got upset and said his/her clothes were clean and was not going to change.

Interview with ALSA aide #1 on 2/28/24 at 11:10 AM indicated that s/he wanted Client #1 to change clothes after the shower, when the client grabbed the piece of clothing, s/he grabbed it back to hang it up and indicated that s/he should have just walked away.

Interview with the Executive Director on 2/28/24 at 11:30 AM indicated that ALSA aide #1 was suspended on 11/13/23 pending the investigation and failed to follow Workplace policies and unprofessional conduct.

On 11/16/23, ALSA aide #1 returned to the facility after abuse and competency retraining and received a final written counsel for violating Workplace policies,

poor customer service, discourteous treatment of residents and acting out of frustration, resulting in unprofessional or disrespectful behavior.

Plan of Correction to 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) and/or (B) and/or (h) Nursing Services (3)(C) and/or (D) and/or (k) Client Service Record (2)(H).

2. Based on clinical record reviews and interviews with agency personnel for one of two clients (Client #1) the Supervisor of Assisted Living Services Agency (SALSA) failed to update the client service plan every 120-days in accordance with State Regulations. The findings include:
 - a. Client #1 was admitted to the memory care assisted living services agency (ALSA) program on 10/07/22. The admitting diagnoses included dementia, encephalopathy and history of a stroke. The client service plan dated 6/29/23 identified the need for cueing with grooming and showering and medication management.

Interview and review of Client #1's clinical record with the RN Designee on 2/29/23 at 4:12 PM, identified the previous service plan was completed on 6/29/23 and updated on 11/28/23 but failed to ensure the client service plan was updated every 120-days in accordance with State Regulations.

Plan of Correction to Violation #2:

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH PLAN OF CORRECTION
 THE VILLAGE AT EAST FARMS
 VISIT CONCLUDED: FEBRUARY 28, 2024.

<i>Regulation/Finding</i>	<i>Corrective Action Plan</i>	<i>Compliance Date</i>	<i>Person(s) Responsible</i>
<p>Alleged Violation 1:</p> <p>The following is a violation 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) and/or (e) General requirements for an assisted living services agency (1) and/or (g) Supervisor of assisted living services (2)(A)(B) and (i) Assisted living aide services (1) and/or (3).</p> <p>A. The Assisted Living Services Agency/ALSA aide failed to follow agency policies on Code of Conduct</p>	<p>The community will take the following measures to prevent the reoccurrence of the alleged violation:</p> <p>A. Re-Inservice for associates on Abuse, Neglect and Exploitation Prohibition and Prevention Program Policy A-100-115. With emphasis on workplace policies and unprofessional conduct including customer service, courteous treatment of residents and professional/respectful behavior.</p> <p>Community to audit supervision of assisted living aides and interactions 25% of aides weekly for 4 weeks, then 25% monthly for 3 months, and ongoing with every 120-day assessment.</p>	<p>4/31/24</p>	<p>SALSA</p>
<p>Alleged Violation 2:</p> <p>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) and/or (B) and/or (h) Nursing Services (3)(C) and/or (D) and/or (k) Client Service Record (2)(H).</p>	<p>The community will take the following measures to prevent the reoccurrence of the alleged violation:</p> <p>A. Re-Inservice for associates on Resident Assessment Process/Service plan policy F-100-80 with emphasis on updating service plans every 120-days in accordance with state regulations.</p>	<p>4/15/24</p>	<p>SALSA/Designee</p>

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH PLAN OF CORRECTION
THE VILLAGE AT EAST FARMS

VISIT CONCLUDED: FEBRUARY 28, 2024.

<p>A. The Supervisor of Assisted Living Services Agency (SALSA) failed to update the client service plan every 120-days in accordance with State Regulations.</p>	<p>Community to audit 25% of scheduled assessments due weekly for 4 weeks, 25% monthly for 3 months and 25% random quarters for 2 quarters.</p> <p>All audits will be reviewed by QA for the next 6 months or as long as the QA deems necessary.</p>		
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