

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH  
Acting Commissioner

Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

Healthcare Quality And Safety Branch

November 30, 2020

Justin Grady, Senior Executive Director  
BAL Middletown  
645 Saybrook Road  
Middletown, CT 06457

[jgrady@benchmarkquality.com](mailto:jgrady@benchmarkquality.com)

Dear Mr. Grady:

An unannounced visit was made to BAL Middletown on November 23, 2020 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.

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 December 10, 2020.**

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 to [Karen.Donato@ct.gov](mailto:Karen.Donato@ct.gov) may be subject to disciplinary action. Please do not send another copy via US mail.



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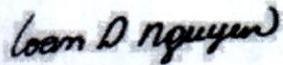
DATE(S) OF VISIT: November 23, 2020

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT  
STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES  
WERE IDENTIFIED

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 December 10, 2020 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

If there are any questions, please do not hesitate to contact this office at Karen.Donato@ct.gov.

Respectfully,



Loan Nguyen MSN, RN, C.  
Supervising Nurse Consultant  
Facility Licensing and Investigations Section

CT # 28712

The following are violations of the regulations of Connecticut State Agencies Section 19-13-D105 (m)  
Client's Bill of Rights and Responsibilities (5).

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1. Based on clinical record review and staff interview, for two of three clients (Clients #2 and #4) who depended on the ALSA aides for assistance with activities of daily living, the Assisted Living Services Agency (ALSA) failed to ensure the client's needs were met and failed to ensure the clients were free from abuse and neglect. The findings include:
  - A. Client #2 was admitted to the ALSA program on 7/28/2019 with diagnoses that included Parkinson's disease and hypertension.
 

The Client Service Program dated 6/12/2020 identified the need for assistance from the ALSA aides with hygiene, toileting and transfers.

The ALSA documentation dated 9/29/2020 indicated that ALSA Aide (NA) #1 yelled at Client #2 while in the bathroom.

Client #2 further reported how NA #1 "went off on her" when asked to get the newspaper for the client that was out of reach, leaving the room and slamming the door. Client #2 pressed the pendant again, NA #1 returned, yelled at the client, picked up the newspaper from the floor and slammed it on the table.

    - i. Interview with the Supervisor of Assisted Living Services Agency (SALSA) on 11/23/2020 failed to indicate that the ALSA ensured the client's needs for assistance were met in accordance with the plan of care;
    - ii. The ALSA documentation indicated that NA # 1 was suspended pending the investigation; NA # 1 admitted to yelling at the client and NA # 1 was terminated on 10/04/2020 for violating the ALSA code of conduct.

Interview with the Supervisor of Assisted Living Services Agency (SALSA) on 11/23/2020 failed to identify protection of Client # 2 against abuse.
  - B. Client #4 was admitted to the ALSA program on 2/29/2020 with diagnoses that included dementia, chronic lymphoid leukemia and hypertension. The client service program dated 6/11/2020 identified a high risk for falls and the need for total assistance with bathing, grooming, toileting and transfers.
 

The ALSA documentation dated 9/29/2020 indicated that NA #1 did not provide morning care to orientation the week before the incident of 9/29/2020.

NA #1 told the TCD on 9/29/2020 that Client #4 declined the offer for assistance with morning care.

The TCD instructed NA #1 to report a client's refusal of care, then return to Client # 4 and offer

At 3 PM, the private help employed by Client #4's spouse reported to the HCD that Client #4 had still not received morning care. The TCD indicated that NA #1 was also scheduled to work the evening shift (3PM to 11PM) and could not be located in the building for questions related to the

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morning care for Client #4.

The SALSA and TCD reviewed the key card logs and determined that NA #1 left the building at 1:30 PM without informing anyone. On 9/29/2020 at 4:26 PM, the TCD sent an electronic mail (e-mail) message (NA #1 did not have a cellular phone) to NA #1 and asked "if everything was OK?" The TCD indicated in the email that NA #1 was scheduled the 3PM-11PM shift also and could not be found in the facility.

NA #1 responded via electronic mail that "Are you implying that I am a resident? You can't find me? I am not your responsibility. I am my own person and can go home when I feel unwell with or without notifying you."

- i. Interview and review of the facility documentation with the SALSA on 11/23/2020 failed to identify the provision of hygiene needs to Client # 4 in accordance with the plan of care;
- ii. Interview and review of the facility documentation with the SALSA on 11/23/2020 failed to indicate that the ALSA protected Client # 4 from neglect.  
NA # 1 was terminated on 10/04/2020 for violating the ALSA code of conduct.



Joel Garcia, RN, BSN  
SALSA

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*Handwritten notes:*  
pvc... feed  
1/21/20  
UDS

State of Connecticut Department of Public Health Plan of Correction  
The Village at South farms

Dates of Visit: November 23, 2020  
BENCHMARK SENIOR LIVING

This Plan of Correction is filed as evidence of this Assisted Living Community/Assisted Living Service Agency's continuing commitment to quality care and as required by applicable law. The filing of this Plan of Correction does not constitute and may not be construed as any admission regarding the alleged violations.

<p><b>Alleged Violation 1A:</b></p>	<p>The following are violations of the regulations of Connecticut State Agencies Section 19-13-D105 (m) <u>Client's Bill of Rights and Responsibilities (5)</u>.</p> <ol style="list-style-type: none"> <li>1. ALSA failed to ensure client's needs were met and failed to ensure the clients were free from abuse and neglect.             <ol style="list-style-type: none"> <li>i. The Salsa failed to indicate that the ALSA ensured the client's needs for assistance were met in accordance with the plan of care.</li> </ol> </li> </ol>
<p><b>Measures to Prevent the Recurrence:</b></p>	<p>Re-education of SALSA and associates on Policy F-100-62 Investigating and Reporting Actual or Alleged Abuse of Any Resident by an Associate or Other Person which contains the definition of abuse to ensure protection of client against abuse.</p> <p>All nursing staff to be re-educated on Policy F-100-80 as it relates to ensuring the client's needs for assistance are met in accordance with the plan of care.</p>

<p><b>Date Measures will be Effective</b></p> <p><b>Communities Plan to monitor its quality assessment and performance improvement to ensure that the corrective measure or systemic change is sustained</b></p> <p><b>Person Responsible for Monitoring Alleged Violation 1A.</b></p>	<p>01-15-21</p> <p>Monthly Audits of carelogs for the first quarter with two random audits for two quarters. Audits will be brought to Quality Assurance for review.</p> <p>SALSA/Designee</p> <p>1. ALSA failed to ensure client's needs were met and failed to ensure the clients were free from abuse and neglect.</p> <p>ii. The SALSA failed to identify protection of client against abuse.</p> <p>Re-education of SALSA and associates on Policy F-100-62 Investigating and Reporting Actual or Alleged Abuse of Any Resident by an Associate or Other Person which contains the definition of abuse to ensure protection of client against abuse.</p>
<p><b>Date Measures will be Effective</b></p> <p><b>Communities Plan to monitor its quality assessment and performance improvement to ensure that the corrective measure or systemic change is sustained</b></p> <p><b>Person Responsible for Monitoring Alleged violation 1B.</b></p>	<p>01/15/21</p> <p>Monthly Audits of complaint log weekly for four weeks, monthly for two months, and then random for two quarters to ensure proper concerns have been addressed.</p> <p>Audits will be brought to Quality Assurance for review.</p> <p>SALSA/ Designee</p> <p>The following are violations of the regulations of Connecticut State Agencies <u>Section 19-13-D105 (m) Client's Bill of Rights and Responsibilities (5)</u>.</p> <p>1. ALSA failed to ensure client's needs were met and failed to ensure the clients were free from abuse and neglect.</p> <p>i. The SALSA failed to identify the provisions of hygiene needs to the client in accordance with the plan of care.</p> <p>Re-education of SALSA and associates on Policy F-100-62 Investigating and Reporting Actual or</p>

<p><b>reoccurrence:</b></p>	<p>Alleged Abuse of Any Resident by an Associate or Other Person which contains the definition of abuse to ensure protection of client against abuse.</p> <p>All nursing staff to be re-educated on Policy F-100-80 as it relates to identifying the provisions of hygiene needs to the client in accordance with the plan of care.</p>
<p><b>Date Measures will be Effective</b></p>	<p>01/15/21</p>
<p><b>Communities Plan to monitor its quality assessment and performance improvement to ensure that the corrective measure or systemic change is sustained</b></p>	<p>Monthly Audits of hygiene needs identified in the care logs for the first quarter with two random audits for two quarters.</p> <p>Audits will be brought to Quality Assurance for review.</p>
<p><b>Person Responsible for Monitoring</b></p>	<p>Salsa/Designee</p>
<p><b>Alleged Violation 1B:</b></p>	<p>ii. The SALSAs failed to indicate that the ALSA protected the client from neglect.</p>
<p><b>Measures to Prevent the Recurrence:</b></p>	<p>Re-education of SALSAs and associates on Policy F-100-62 Investigating and Reporting Actual or Alleged Abuse of Any Resident by an Associate or Other Person which contains the definition of abuse to ensure protection of client against abuse.</p> <p>Client #4 is free from neglect.</p>
<p><b>Date Measures will be Effective</b></p>	<p>01/15/21</p>
<p><b>Communities Plan to monitor its quality assessment and performance improvement to ensure that the corrective measure or systemic change is sustained</b></p>	<p>Monthly Audits of complaint log weekly for four weeks, monthly for two months, and then random for two quarters to ensure proper concerns have been addressed.</p> <p>Audits will be brought to Quality Assurance for review.</p>
<p><b>Person Responsible for Monitoring</b></p>	<p>SALSA /Designee</p>