

2017



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH SYSTEMS REGULATION

LICENSING INSPECTION REPORT

Name and Address of Entity

BAL Woodbridge ACR
Coachman Square MRC
21 Bradley Rd
Woodbridge CT 06525

Signature of DHSR Staff

Michael J. Smith RN, Nurse Consultant

Licensure Category:

Assisted Living Services

Licensed Capacity: 91 A.U.I. Census: 31 dementia
Licensed Capacity: Census:

Date(s) of onsite inspection: 8/18 + 8/19/2015

Date(s) additional information obtained: Raven Betancourt now

Personnel contacted: Lenni Zambrano Ex. Director; Liz Tercer SA/SA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

Licensing Inspection Initial Renewal Other: _____

Revisit for the purpose of _____

See Complaint Investigation # CT 18018

See Reportable Event Investigation # _____

See Certification File.

Violations of the General Statutes of Connecticut and/or regulations of Connecticut State Agencies were identified at the time of this inspection. See attached violation letter dated _____.

Citation # _____ was issued to this facility as a result of this inspection.

Violations of the General Statutes of Connecticut and/or the regulations of Connecticut State Agencies were not identified at the time of this inspection.

Citation # _____ was/was not verified as corrected. See attached narrative report.

Narrative report/additional information attached.

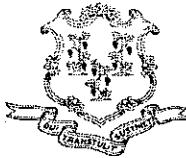
Referral(s) to _____

REPORT SUBMITTED BY: Michael J. Smith DATE OF REPORT: 8-19-15

Approval for issuance of license granted by: Loan Nguyen DATE: 3-31-16
Supervisor/Title

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Healthcare Quality And Safety Branch

March 31, 2016

Raven Betancourt, Supervisor of Assisted Living Services Agency
BAL at Woodbridge
21 Bradley Road
Woodbridge, CT 06525

Dear Ms. Betancourt:

Unannounced visits were made to BAL at Woodbridge on August 19, 2015 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation and a licensing inspection, with additional information obtained on August 25, 2015.

Attached is the violation of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which was noted during the course of the visits.

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 April 14, 2016 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

Please address the violation with a prospective plan of correction which includes the following components within fourteen days of the date of this letter:

1. Measures to prevent the recurrence of the identified violation, (e.g., policy/procedure, inservice program, repairs, etc.).
2. Date corrective measure will be effected.
3. Identify the staff member, by title, who has been designated the responsibility for monitoring the individual plan of correction submitted for each violation.

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

Loan Nguyen M.S.N., R.N., C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

CT # 18018



Connecticut Department
of Public Health

Phone: (860) 509-7400 • Fax: (860) 509-7543
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

DATES OF VISIT: August 18 and 19, 2015

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

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (h)
Nursing Services provided by an assisted living services agency (3) (D) and/or (k) Client service record
(2) (K).

1. Based on clinical record review and staff interview, for one of one client (Client #1) who required private aide services, the Assisted Living Services Agency (ALSA) failed to orient the private aide to the client's plan of care and/or coordinate the client's care with other entities involved in the client's service program. The findings include:
 - a. Client #1 was admitted to the assisted living facility on 10/18/12 with diagnoses that included depressive disorder, diabetes mellitus, malignant neoplasm of the prostate, hyperlipidemia, Parkinson 's Disease, spinal stenosis, hypertension and hearing loss. The client service program for the period of 2/5/15 through 3/25/15 identified the need for total assistance with bathing, hygiene, dressing and set-up at meal times, with maximum assistance required from two persons for transfers using a mechanical lift. Client # 1 also required medication pre-pour and medication reminders, and was at high risk for falls. Client # 1 received services from a privately hired aide. The agency documentation indicated that on 3/1/15 at approximately 8pm, ALSA Aide #1 responded to a call bell (individual pendant call) from Client #1 's apartment. Upon entering Client #1 's apartment , ALSA Aide #1 found the Private Aide transferring Client #1 out of bed without using the mechanical lift in accordance with the plan of care. ALSA Aide # 1 saw that the Private Aide was having trouble transferring the client without the mechanical lift, and ALSA Aide #1 call ALSA Aide #2 for assistance. According to ALSA Aide #1 in an interview on 8/19/15 at 10:20am, the Private Aide slapped ALSA Aide # 1's arms, and said that additional help from ALSA Aide # 2 was not needed. ALSA Aide #1 indicated that Client #1 was standing and facing the wheel chair with the client's hands on the armrest of the wheelchair, and the client wanted to go back to bed because the client was unable to move own body. ALSA Aide # 1 heard the private Aide tell Client # 1 "No you cannot sit down" and saw Private Aide # 1 hit Client # 1's hands and legs. The Private Aide further told ALSA Aide # 1 to lift Client # 1 in the wheelchair, which ALSA Aide # 1 declined to do, saying that they needed help. According to the agency documentation, ALSA Aide # 2 arrived and assisted ALSA Aide # 1 and the Private Aide to transfer the client back to bed. Once outside the room, ALSA Aide # 1 told ALSA Aide # 2 that the Private Aide hit Client # 1 and hit ALSA Aide # 1, and ALSA Aide # 1 showed the aide's reddened arms to ALSA Aide # 2. According to Licensed Practical Nurse (LPN) # 1 in an interview on 8/19/15 at 9:39AM, LPN # 1 responded to a call over the walkie-talkie from Client #1's room on 3/1/15, and arrived to find Client # 1 in bed, with the Private Aide standing next to the two ALSA Aides, and ALSA Aide # 1's face appeared flushed and sweaty. LPN # 1 reminded the Private Aide to always use the mechanical lift to transfer Client # 1. Outside the room, ALSA Aide began to cry and tell LPN # 1 how the Private Aide slapped ALSA Aide # 1's arms, and LPN # 1 noted how ALSA Aide # 1's arms were reddened.

DATES OF VISIT: August 18 and 19, 2015

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

The ALSA documentation indicated that on 3/3/15, Client # 1 was interviewed by the ALSA staff about the incident, Client # 1 denied being hit by the Private Aide, and denied seeing the Private Aide hit ALSA Aide # 1. Client # 1 ended the interview by saying, "Don't get rid of (the Private Aide)."

In a telephone interview on 8/25/15 at 12:35PM, the Private Aide denied having hit Client # 1 or ALSA Aide # 1.

Interview and review of the agency documentation with the Executive Director and the SALSA on 8/19/15 failed to identify documentation of orientation provided to the Private Aide about Client # 1's plan of care and transfer needs, and/or failed to identify coordination of the client's care with other entities involved in the client's service program.

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING AND INVESTIGATIONS SECTION**

Page 1 of _____

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

BAI Woodbridge
21 Bradley Pond
Woodbridge, CT 06525

M: Same

Ph 203-397-7544 Fax 203-397-7543

Licensure Category:

Licensed Bed

Bassinet Capacity:

Assisted Living Facility
Coachman Square at Woodbridge - mrc

Signature of FLIS Staff

Devin J. San Souci RN Nurse Consultant

Census:

Date(s) of onsite inspection: 05/04/17 pm 05/05/17

Date(s) additional information obtained: _____

Personnel contacted: Anthony Vaccarino, ED, Kimiko Momo RN SASA
Manygo Basitka RN Regional Nurse

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

Licensing Inspection Initial Renewal Other (e.g. strikes): _____

Visit OR Revisit for the purpose of _____

See Complaint Investigation # _____

Violations of the General Statutes of Connecticut and/or regulations of Connecticut State Agencies were identified at the time of this inspection. See attached violation letter dated _____

Desk Audit _____ Amended Letter: _____ Original Ltr. _____

Citation # _____ was issued to this facility as a result of this inspection.

Violations of the General Statutes of Connecticut and/or the regulations of Connecticut State Agencies were not identified at the time of this inspection.

Citation # _____ was/was not verified as corrected. See attached narrative report.

Narrative report/additional information attached.

See Certification File.

Referral(s) to _____

REPORT SUBMITTED BY: Devin J. San Souci RN **DATE OF REPORT:** 05/05/17

Approval for issuance of license granted by: Loan D. Nguyen **DATE:** 5-5-17
 Supervisor/Title

