

Section
3

2017

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

Signature of FLIS Staff

McAuley Center
275 Steele Road
West Hartford CT

Melissa J. San Souci RN Nurse Consultant

M: Same

Ph: 860-236-6300 Fax: 860-232-4077

Licensure Category:

General Long

Licensed Bed/Bassinet Capacity: ____

Census: 96

Memory Care unit

Date(s) of onsite inspection: 10/10/17

Date(s) additional information obtained: 10/12/17

Personnel contacted: Susan DeMayo RN Director of Wellness
Debra J. DeMayo / ED, Patti Thomas RN Salsa

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 # 21267 (no also cdt = no jurisdiction)

☒ 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 7-23-18

☐ 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: Melissa J. San Souci DATE OF REPORT: 10/17/17

Approval for issuance of license granted by: Loan D. Nguyen DATE: 10-23-17
Supervisor/Title

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

Page 2 of ____

LICENSING INSPECTION NARRATIVE REPORT:

ENTITY: McAuley Center for

DATE(S) OF VISIT: 10/10/17

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 96

Number of home visits: 2 Number of records reviewed: 4

SALSA: Pattie Thomas

SALSA Designee: Susan Lemay

Home health care contracts/contracts:

2 Hospice Name: McLean Home Care & Hospice

Address: 75 Great Pond Rd

Shirlington VT 06070

Phone: 860-658-3700

Name: _____

Address: _____

Phone: _____

Managed Residential Community visited: McAuley

Service Coordinator: Joel Traskos

Policy review was done relative to record reviews and/or violations cited as appropriate. ✓

SIGNATURE: Melvin J. Sanborn

DEPARTMENT OF PUBLIC HEALTH
HOSPITAL AND MEDICAL CARE DIVISION

INSPECTION MATERIALS CHECKLIST
ASSISTED LIVING SERVICES AGENCY

Assisted Living Services Agency The McAulay Assisted Living Services Agency
Address 275 Steele Road
City West Hartford State CT Zip Code 06117

The Inspection Materials Checklist is to be used to identify any new or revised agency materials since the last licensure inspection. Please complete as appropriate for your agency and have any materials so identified available for review.

<u>Agency Materials</u>	<u>New</u>	<u>Revised</u>
<u>BY-LAWS OR RULES OF ORDER</u>		
<u>POLICIES/PROCEDURES</u>		
Client Care Policies/Procedures		
o Admission		✓
o Assisted Living Aide Program		✓
o Discharge		✓
o Emergency		✓
o Administration of Medications		✓
o Complaint Procedure		✓
Nursing Service <u>Narcotic Storage Policy</u>	✓	
<u>PERSONNEL POLICIES</u> -for the assisted living services agency		✓
Orientation		✓
In-service education		✓
Required health examinations		✓
Annual performance evaluation policy		✓
Job description-supervisor of assisted living services		✓
Job description-assisted living aide		✓
<u>QUALITY ASSURANCE PROGRAM/PLAN</u>		✓
<u>BILL OF RIGHTS</u>		✓
<u>PUBLIC INFORMATION MATERIALS</u>		✓

PLEASE IDENTIFY ANY OTHER NEW MATERIALS DEVELOPED _____

Supervisor of Assisted Living Services Signature: Susan LeMay RD
Date: 10-10-17

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

July 23, 2018

Patti Thomas Supervisor of Assisted Living Services Agency
McAuley Center Inc
275 Steele Road
West Hartford, CT 06117

Dear Ms. Thomas:

An unannounced visit was made to McAuley Center Inc on October 10, 2017 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.

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 visit.

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 August 6, 2018 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

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 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 Loan.Nguyen@ct.gov may be subject to disciplinary action.



Phone: (860) 509-7400 • Fax: (860) 509-7543
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

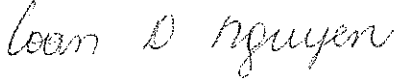


DATE(S) OF VISIT: October 10, 2017

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

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

Respectfully,

A handwritten signature in cursive script that reads "Loan D. Nguyen".

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

CT # 21267

LN:mb

DATE(S) OF VISIT: October 10, 2017

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 (f) Personnel policies for an assisted living services agency (1) (E).

1. Based on review of the agency documentation and interview with agency personnel, for three of five personnel files (the files of Assisted Living Services Agency/ALSA Aides # 1 and 2, and of the Supervisor of Assisted Living Services Agency/SALSA) reviewed during the survey, the agency failed to comply with the State requirements. The findings include:
 - A. Aide #1 had a hire date of 08/15/16. Interview and review of the personnel file with the Supervisor of Assisted Living Services (SALSA) on 10/10/17 failed to identify a physician's statement that the employee was free from communicable disease.
 - B. Aide #2 had a hire date of 08/16/16. Interview and review of the personnel file with the Supervisor of Assisted Living Services (SALSA) on 10/10/17 failed to identify a physician's statement that the employee was free from communicable disease.
 - C. The SALSA had a hire date of 01/13/17. Interview and review of the personnel file with the Supervisor of Assisted Living Services (SALSA) on 10/10/17 failed to identify a physician's statement that the employee was free from communicable disease.

Chris *Poc Accepted*
8/15/18
M. San Geronimo

THE McAULEY

PART OF THE MERCY COMMUNITY

August 7, 2018

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

Dear Ms. Nguyen,

I am writing you in regards to the violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (f) Personnel policies for an assisted living services agency (1) (E). The status of the three cases cited in your letter is as follows:

- A. Aide #1, with a hire date of 8/15/16 received a physical exam by her primary care physician on December 20, 2017 and was issued a statement saying that she had been evaluated and was found free of communicable disease and is physically capable of assuming the duties of his/her position. They also indicated that the Aide had been informed of the results of the examination.
- B. Aide #2, with a hire date of 8/16/16, obtained a physical exam for another assisted living facility where she works, and was declared free from communicable/TB disease by their medical provider after receiving chest X-ray results. We have a copy of that document in her file.
- C. The SALSA, with a hire date of 1/13/17, resigned from The McAuley effective October 20, 2017. No addendum to her initial physical exam stating that she was free of communicable disease was received prior to or since her departure.

The plan of correction that has been implemented to avoid future violations of personnel policies consists of the following:

- 1. Connecticut Occupational Health Partners performs the pre-employment physicals for assisted living personnel at The McAuley. They now have added to their form for job placement the statement: "No evidence of communicable diseases was found at the time of the physical exam."

*Pol Accepted
8/15/18
MSantovito*

2. All employees hired after October 30, 2017 have that needed documentation on their physical form.
3. The Human Resources department provides the medical provider with the documentation to complete and ensures that the statement has been checked. The Director of Health and Wellness for The McAuley and the SALSA receive a copy of this documentation and then checks for the needed statement. A potential employee will not begin work until that statement is correctly submitted.
4. Assisted Living personnel are offered a physical exam each November. A completed, satisfactory physical exam also will contain the statement that there is no evidence of communicable disease. Those employees who choose to use their own doctors for the annual physical are asked to bring the results along with the required statement and submit the documentation to the Director of Health and Wellness.

I hope that this plan of correction will meet with approval. Please let me know if you have any additional suggestions or concerns. Thank you for your consideration.

Sincerely,

Patricia Chin RN
Supervisor of Assisted Living Services Agency
The McAuley
275 Steele Road
West Hartford, CT 06117

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

Signature of FLIS Staff

McAuley Center
275 State Road
West Hartford CT

Melissa J. San Souci RN Nurse Consultant

M: Same

PH - 860-236-6300 Fax 860-232-4077

Licensure Category:

Assisted Living

Licensed Bed/Bassinet Capacity: _____

Census: 96

0 Memory Care unit

Date(s) of onsite inspection: 10/10/17

Date(s) additional information obtained: 10/12/17

Personnel contacted: Susan R. Mayhew Director of Wellness
Jessica L. DeAngelis ED, Patti Thomas RN SALS

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. _____

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

[] Narrative report/additional information attached.

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[] Referral(s) to _____

REPORT SUBMITTED BY: Melissa J. San Souci DATE OF REPORT: 10/17/17

Approval for issuance of license granted by: Loan D. Nguyen DATE: 10-23-17
Supervisor/Title

