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

June 9, 2020

Stephanie Evans-Ariker, Executive Director
Artis Senior Living Of Branford
814 East Main Street
Branford, CT 06405
email: SEvansariker@artismgmt.com

Dear Ms. Ariker:

An unannounced visit was made to Artis Senior Living Of Branford on June 8, 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 is a violation of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which was 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 to the Department by June 19, 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 Loan.Nguyen@ct.gov may be subject to disciplinary action. Please do not send another copy via US mail.

DATE OF VISIT: June 8, 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 violation and you may be provided with the opportunity to be heard. If the violation are not responded to by June 19, 2020 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

We do not anticipate making any practitioner referrals at this time.

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

Respectfully,

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

CT # 27716

DATE OF VISIT: June 8, 2020

POC accepted 8-14-2020 CD

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 (e) General Requirements for assisted living service agency (1) and/or (m) Client's bill of rights and responsibilities (6)

1. Based on review of the clinical record, agency documentation, surveyor observation and interview with facility staff, for two three clients (Clients # 2 and 3) in the survey sample, the Assisted Living Services Agency (ALSA) failed to maintain confidentiality of the clients' health information, and/or failed to adopt the current federal guidelines for isolation precautions and personal protective equipment (PPE). The findings include:
   a. On 5/26/2020, Client #2 was admitted to the Memory Care Unit at the ALSA from a skilled nursing facility (SNF) where Client # 2 previously tested negative for COVID-19 on 5/25/2020.
      i. Interview and review of surveyor observation with the Supervisor of Assisted Living Services (SALSA) on 6/8/2020 indicated that the ALSA staff posted a sign outside of Client #2's apartment door to disclose the client's COVID-19 negative status, and failed to identify protection of the confidentiality of the client's health information;

      ii. The sign posted outside the door of Client # 2's apartment also indicated that Client # 2 was isolated in private apartment, that all meals would be served inside the apartment, the client would not participate in communal activities, the staff was to observe the client for symptoms related to COVID-19 and report to the nurse on duty.

      Interview with the SALSA on 6/8/2020 indicated that Client # 2 was placed on transmission-based precautions for 14 days upon admission to the Memory Care Unit.

      Interview with the SALSA on 6/8/2020 and review of the surveyor observation indicated that the ALSA staff doffed their disposable gowns inside Client #2's apartment and hanged the gowns for re-use at a later time, that the staff wore surgical masks without goggles or face shields during provision of care to Client # 2, that the ALSA maintained adequate supplies of N-95 masks, eye goggles and face shields, and failed to identify the distribution of appropriate personal protective equipment (PPE) to the staff during the care of a client under isolation.

      The Center for Disease Control (CDC) guidelines at https://www.cdc.gov/infectioncontrol/guidelines/isolation differentiated between the extended use and the re-use of disposable gowns.

      The Center for Disease Control (CDC) guidelines at https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html and at https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#adhere

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

directed the use of N-95 masks, or when N-95 masks were not available, the use of a surgical mask with eye goggles or with a face shield, when providing care to a client under transmission-based precautions.

b. Client #3 was admitted to the Memory Care Unit on 6/1/2020 after testing negative for COVID-19 on 6/1/2020.

Interview with the SALSA on 6/8/2020 indicated that Client # 2 was placed on transmission-based precautions for 14 days upon admission to the Memory Care Unit.

Interview and review of surveyor observation with the Supervisor of Assisted Living Services (SALSA) on 6/8/2020 indicated that the ALSA staff posted a sign outside of Client #2's apartment door to disclose the client's COVID-19 negative status, and failed to identify protection of the confidentiality of the client's health information.

Action Plan for Artis Senior Living of Branford

PSC accepted 8-14-2020 MD

June 17, 2020

Loan Nguyen MSN, RN.C
Supervising nurse Consultant
Facility Licensing and Investigations Section
State of Connecticut Department of Public Health
410 Capital Avenue, PO Box 340308
Hartford, CT. 06134-0308

This **Corrective Action Plan** is submitted on behalf of ***Artis Senior Living of Branford*** in response to the unannounced visit on June 8, 2020. The Auditor met with Stephanie Evans-Ariker, Executive Director,and Holly Dwyer RN, Director of Health & Wellness.

Based on the noted violations of the Regulations of Connecticut State Agencies Section 19-13-D105(e) General Requirements for assisted living services agency (1) and/0r (m)Clients bill of rights and responsibilities (6) the following actions will be taken;

I. Findings:

A. "Interview and review of surveyor observation with the SALSA on 6/8/20 indicated that the ALSA staff posted a sign outside a of Client #2 apartment door to disclose the residents COVID-19 negative status, and failed to identify the protection of confidentiality of clients health information."

1. **Corrective Action:***All new residents who are on "observation" status will have signage on their apartment door with a general statement requesting that medical personnel see the nurse prior to entering the apartment. At this time, the Artis nursing staff will disclose any necessary information regarding the resident prior to the medical personnel performing their visit.*

2. **Effective Date:** June 12, 2020

3. **System of Monitoring**: Asst.Director of Health & Wellness or the Executive Director will ensure the signage is visible on the apartment door of "observation" residents daily at the beginning the shift (7am) and at the end of the day (6pm) Monday-Friday. On weekdays after 6pm, and on weekends, the LPN on duty will ensure the signage is visible on the door from 6pm-7am. The nurse on duty is responsible for communicating resident status to the visiting medical professional.

POC accepted 8-14-2020 LS

ALSA staff were notified of signage change and protocol at point in time training from June 10-June 12 and at an all Staff Meeting held the week of June 15th.

4. **Responsible Staff Member(s)**:

*Assistant Director of Health & Wellness, Bruce Kennett

*Executive Director, Stephanie Evans-Ariker

*Shift LPN on Duty

B. "Interview with the SALSA and the review of the surveyor observation indicated the ALSA staff donned disposable gowns inside Resident #2 apartment and hanged the gowns for re-use at a later time , the staff wore surgical masks without goggles or face shields during the provision of care to Resident #2, that the ALSA maintained adequate supplies of N-95 masks, eye goggles and face shields and failed to identify the distribution appropriately...."

1. **Corrective Action -** *In edition to PPE kits issued in March to all ALSA staff, additional supplies are allotted to staff at the beginning of every shift and made available as needed. ALSA staff have been instructed to dispose of gowns after each use and to wear face shields and surgical masks when anywhere in the resident care areas.*

2. **Effective Date:** June 12, 2020

3. **System of Monitoring**: The Director of Health & Wellness (DHW), Asst.Director of Health & Wellness(ADHW) or the Executive Director(ED) will ensure all ALSA staff are in the appropriate PPE during morning rounds and ongoing throughout the day. All Directors have been asked to ensure their department is always in the appropriate PPE for the scope of their job. Extra PPE have been made available to staff on an as needed basis pending breakage or soiling of masks, gowns, or face shields. Due to procurement issues of certain PPE items, all staff must obtain needed PPE from the Health & Wellness Office. ALSA staff were notified of PPE requirements on June 10-12 through point in time training as well as All Staff Meetings held the week of June 15th.

4. **Responsible Staff Member(s)**:

*Director of Health & Wellness, Holly Dwyer

* Assistant Director of Health & Wellness, Bruce Kennett

*Executive Director, Stephanie Evans-Ariker

*ALSA Shift LPN on Duty

*All ALSA Directors

POC Accepted 8-14-2020 LS

C. "Interview and review of surveyor observation with the SALSA on 6/8/20 indicated that the ALSA staff posted a sign outside a of Resident #3 apartment door to disclose the residents COVID-19 negative status, and failed to identify the protection of confidentiality of clients health information."

1. **Corrective Action-** *All new residents who are on "observation" status will have signage on their apartment door with a general statement requesting that medical personnel see the nurse prior to entering the apartment. At this point, the Artis nursing staff will disclose any necessary information regarding the resident prior to the medical personnel performing their visit.*

2. **Effective Date:** June 12, 2020

3. **System of Monitoring**: Asst.Director of Health & Wellness or the Executive Director will ensure the signage is visible on the apartment door of "observation" residents daily at the beginning the shift (7am) and at the end of the day (6pm) Monday-Friday. After 6pm on weekdays and on weekends, the LPN on duty will ensure the signage is visible on the door from 6pm-7am. The nurse on duty is responsible is communicating resident status to the visiting medical professional.

   ALSA staff were notified of signage change and protocol at point in time training from June 10-June 12 and at an all Staff Meeting held the week of June 15th.

4. **Responsible Staff Member(s)**:

   *Assistant Director of Health & Wellness, Bruce Kennett

   *Executive Director, Stephanie Evans-Ariker

   *Shift LPN on Duty

All corrective actions have been implemented effective June 12, 2020 and will remain in effect until further guidance is deemed appropriate.

Respectfully,

Stephanie Evans-Ariker

Stephanie Evans-Ariker
Executive Director