

2016

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

DHSR #13a

Page 1 of _____

LICENSING INSPECTION REPORT

Name and Address of Entity	Signature of DHSR Staff
<u>Brighton Garden of Stamford</u>	<u>Michael O. Shurtz RN, Nurse Consultant</u>
<u>55 Fox Run Rd</u>	
<u>Stamford CT 06902</u>	

Licensure Category: Altered Long Term Licensed Capacity: _____ Census: _____

Licensed Capacity: _____ Census: _____

Date(s) of Onsite Inspection: 6/3/16

Date(s) Additional Information Obtained: 6/16/16

Personnel Contacted: Mary Kay Polascak RN MSN, Nicholas Johnson Ex. Director

REVIEW/FINDINGS/PROCESS (complete all applicable)

- Licensing Inspection: Initial Renewal Other: _____
- Revisit for the Purpose of _____
- See Complaint Investigation # 20089
- See Reportable Event Investigation # _____
- See Certification file.
- Violations of the Public Health Code of the State of Connecticut and/or Regulations of Connecticut State Agencies were identified at the time of this inspection.
See violation letter dated 7-26-2016
- Citation # _____ was issued to this facility as a result of this inspection.
- Violations of the Public Health Code of the State of Connecticut and/or Regulations of Connecticut State Agencies were not identified at the time of this inspection.
- Citation # _____ was verified as corrected. _____ was notified that the licensee was no longer required to post Citation (see narrative).
- Citation # _____ was not corrected (see narrative).
- Narrative Report / Additional Information Attached.
- Referral(s) to: _____

REPORT SUBMITTED BY: Michael Shurtz RN DATE OF REPORT _____

Approval for Issuance of License granted by: Loan D Nouwen Supervisor / Title Date 7-25-16

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 26, 2016

Mary Kay Polacek, Supervisor of Assisted Living Services Agency
Brighton Gardens Of Stamford Als
59 Roxbury Road
Stamford, CT 06902

Dear Ms. Polacek:

An unannounced visit was made to Brighton Gardens Of Stamford Als on June 3, 2016 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.

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 August 9, 2016 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

Please address each 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,

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

LN:mb
CT # 20089



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

DATE(S) OF VISIT: June 3, 2016

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 (i) Assisted living aide services provided by an assisted living services agency (1) and/or (2) and/or (k) Client service record (2) (H) (vi) and/or (m) Client's bill of rights and responsibilities (9).

1. Based on record review, agency documentation and staff interview, for one of one client (Client # 1) who verbalized an allegation of abuse, the assisted living aides failed to report the allegation and/or the Supervisor of Assisted Living Services Agency (SALSA) failed to promptly and/or thoroughly investigate the allegation. The findings include:
 - a. Client #1 was admitted to the Assisted Living Facility on 2/25/16 with diagnoses that included Parkinson's Disease, deep vein thrombosis, hypertension, and gait ataxia. The client service plan dated 2/24/16 identified the need for assistance of 2 persons for bathing, dressing, toileting, incontinence care, mechanical lift transfers from wheelchair to toilet, bed and shower.
In an interview on 6/3/16 at 9:55am , the SALSA Supervisor indicated that on Monday 5/17/16 the SALSA Supervisor received an electronic mail (e-mail) correspondence from Person # 1 complaining that Client #1 verbalized being slapped on the mouth on 5/16/16. Client # 1 also indicated that the ALSA staff witnessed the slapping.
Interview and review of the agency documentation with the SALSA on 6/3/16 indicated that Client # 1 verbalized to ALSA Aide # 1 and ALSA Aide # 2 that Client # 1 was slapped in the mouth on 5/16/16, and failed to identify proper reporting by the ALSA Aides of the allegation to the ALSA nurse(s);
Interview and review of the agency documentation with the SALSA on 6/3/16 identified a written statement from ALSA Aide # 1 but failed to identify an interview with and/or a statement from ALSA Aide # 2, and failed to identify prompt and/or thorough investigation of the allegation of abuse.
According to the SALSA in an interview on 6/3/16 at 12noon, assessments of Client # 1 on 5/16/16 and 5/17/16 by the SALSA indicated that Client #1 was free of bruising, redness, or pain on the facial location where the client alleged being slapped.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (k) Client service record (2) (L).

2. Based on review of the clinical record, agency documentation and interview with agency personnel, for one of one client (Client # 1) with specific needs in the plan of care, the Assisted Living Services Agency (ALSA) failed to ensure accurate documentation of care and services provided. The findings include:
 - a. Client #1 was admitted to the Assisted Living Facility on 2/25/16 with diagnoses that included Parkinson's Disease, deep vein thrombosis, hypertension, and gait ataxia. The client service plan dated 2/24/16 identified the need for assistance of 2 persons for bathing, dressing, toileting, incontinence care, mechanical lift transfers from wheelchair to toilet, bed and shower.
Interview and review of the ALSA aide documentation for the month of May 2016 with the

DATE(S) OF VISIT: June 3, 2016

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STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES
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Executive Director and the SALSA on 6/3/16 at 12noon identified ALSA aide initials next to a non-specific description of bathing, and failed to identify whether Client # 1 received a shower, a bed bath or a sponge bath in the bathroom on the signed off dates;
Interview and review of Client # 1's Individualized Service Plan with the Executive Director and the SALSA on 6/3/16 at 12noon indicated that Client # 1 preferred to shower on Tuesday, Friday and Sunday before breakfast, identified ALSA aide signatures next to the "bathing" section, and failed to identify specific documentation that the client was provided with showers on Tuesdays, Fridays and Sundays.

**Brighton Gardens of Stamford
Plan of Correction– Stamford Connecticut**



Name of Community: Brighton Gardens of Stamford
 Address of Community: 59 Roxbury Road. Stamford, CT 06902
 License number: A-1086
 Inspection date(s): June 3, 2016
 Name/Title of Sunrise Representative Signing the Plan of Correction: Mary Kay Polacek RN/SALSA
 Signature of Sunrise Representative: *Mary Kay Polacek*
 Date of Submission: 8/5/16

POC accept 8/11/16 MJA

Regulation ID Prefix TAG	Short-term Plan of Correction Description of what has been done to correct the deficiency	Long-term Plan of Correction Operational changes to prevent recurrence of the deficiency	Individual (by position) responsible to monitor continued compliance	Completion Date
19-13-D105(i)	A retraining and in-service was conducted for the wellness nursing staff including the SALSA, RN designee and care managers on Policy and Procedures: Reporting allegations of abuse and neglect. In-service was conducted on 5/18/16, 5/25/16, 5/26/16, 5/27/16. A revised policy of reporting abuse and neglect was rolled out 6/26/2016.	Follow up trainings are regularly scheduled for reporting allegations of abuse and neglect, these are also included in the annual trainings and part of onboarding for all new employees. SALSA or designee will audit incident reports and related information (staff member interviews of the incident) on a weekly basis for compliance	The SALSA is responsible for conducting and arranging in-services and trainings for the wellness nurses and Kitchen, Maintenance and concierge. The SALSA will continue to audit for compliance and report to QAPI meeting.	5/27/16
19-13-D105 (k)	A retraining and in-service was conducted for the entire wellness staff including the designee, Assisted Living Coordinator (ALC), Reminiscence Coordinator (RC) on 8/1/16-8/4/16 with the roll-out of PCC documentation to include recording all ADL care rendered, and refusal of care reflected in PCC.	Brighton Gardens of Stamford has recently converted to the care management system called Point Click Care (PCC), which goes live on 8/1/2016. Care is documented when completed or refused for each resident and the SALSA, (ALC), and (RC) will view this daily to ensure accurate documentation.	The SALSA is responsible for conducting and arranging in-services and trainings for the care managers. The SALSA will monitor the PCC dash board daily to monitor compliance on documenting care given or refused and report to monthly QAPI.	8/4/16

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

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