

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

December 14, 2020

Jessica Ferreira, Executive Director
Farmington Station A Senior Living Residence
111 Scott Swamp Rd
Farmington, CT 06032

jferreira@farmingtonSLR.com

Dear Ms. Ferreira:

An unannounced visit was made to Farmington Station A Senior Living Residence on December 7, 2020 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting multiple investigations with additional information received through December 10, 2020.

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. 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 December 24, 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 Inna.Erlikh@ct.gov may be subject to disciplinary action. Please do not send another copy via US mail.

You may wish to dispute the violations and you may be provided with the opportunity to be heard. If the



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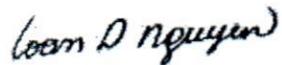
DATE(S) OF VISIT: December 10, 2020

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

violations are not responded to by December 25, 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 Inna.Erlikh@ct.gov.

Respectfully,



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

CT # 29108, 28579

DATE(S) OF VISIT: December 10, 2020

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 (d) Governing authority of an assisted living services agency (4) (F) and/or (h) Nursing Services provided by an assisted living services agency (4) (C).

1. Based on facility documentation and interviews with the agency staff for one of one client (Client # 1) who sustained a fall, the Assisted Living Services Agency (ALSA) failed to ensure the development of policies and procedures to follow for fall incidents; for one of one client (Client # 2) who required medication administration by the ALSA nurses, the ALSA failed to develop policies and procedures to ensure the safety of medication delivery, and failed to assess the client for the ability to self-administer medications prior to assigning an aide to remind medications. The findings include:
 - a. Client # 1 was admitted to the Assisted Living Services Agency (ALSA) program on 5/17/2019 with diagnoses that included atrial fibrillation status-post pacemaker placement, dementia and depression. The Service Plan dated 3/22/2020 identified the need for assistance with medications, transfer to wheelchair, activities of daily living and showers. Client # 1's nursing assessment identified factors such as poor vision, poor balance, and cognitive impairment as contributing to the client's risks for falls. Interview and review of nursing note dated 5/31/2020 with the Supervisor of Assisted Living Services Agency (SALSA) on 12/7/2020 indicated that the client was found on the floor in apartment's closet on 5/31/2020, but failed to identify the completion by the ALSA staff of an incident report and/or fall investigation, and failed to identify a policy or guideline for documenting the circumstances of a fall, with pertinent staff interview and root cause analysis to prevent recurrence of the incident.
 - b. Client # 2 was admitted to the Assisted Living Facility memory care unit on 02/07/2019 with diagnoses that included Alzheimer's disease, dementia with behavioral disturbances, peripheral neuropathy and diabetes mellitus type II. The Service Plan dated 7/22/2020 identified the need for medication pre-pouring by the ALSA nurses and reminders by the ALSA aides. The client's medications included Escitalopram 5 mg (milligram), Levothyroxine 50 mcg (micromilligram), Apap (Tylenol) 500 mg, Atorvastatin 80 mg, Glipizide 2.5 mg, Lisinopril 2.5 mg, Senna 8.6 mg, Carvedilol 3.125 mg, Ezetimibe 10 mg.
 - i. The ALSA documentation indicated that on 11/25/2020, Client # 2's family member dropped off Client # 2's medications in a brown bag (marked with the name of the client and a room number) on a table dedicated to packages left for the facility to sanitize before delivery to the clients. On the following day 11/26/2020 the family member visited the client, found the medications inside an unlocked drawer in Client # 2's apartment. The family member alerted the facility staff. The Supervisor of Assisted Living Services Agency (SALSA) ensured that all medications were accounted for, and locked the medications. Review of the Medication Administration record (MAR) indicated that the client did not miss any dose of daily medication. The ALSA internal investigation concluded that after the bag of medications was sanitized by the maintenance staff, it was delivered directly to the client without inspection of the content, and most likely Client # 2 opened the bag and put the medications in a drawer. Interview and review of the facility documentation with the SALSA on 12/7/2020 indicated

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- that the client's family were to alert the nursing staff or front desk staff of medications delivered, but the ALSA failed to develop policies and procedures to remind the families to notify the facility staff that medications were included in the bags dropped off for sanitization;
- ii. Interview with the Executive Director on 12/7/2020 indicated that the ALSA nurse pre-poured medications into a pill box for Client #2, and an ALSA aide would remind the client to take the pre-poured medications twice a day.
- Interview with the Executive Director on 12/7/2020 indicated that while Client # 2 was diagnosed with Alzheimer's disease and dementia with behavioral disturbances, the ALSA registered nurse failed to assess the client for the ability to self-administer medications prior to assigning an ALSA aide to remind the client with pre-poured medications.
- The Connecticut Public Health Code at 19-13-D105 (h) (4) (C) indicated that clients who are able to self-administer medications may be assigned an aide to remind and assist with the physical task of unpackaging the medications.
- The evidence lacked that a client diagnosed with Alzheimer's disease and dementia with behavioral disturbances was capable of medication self-administration, through the verbalization of the purpose of the daily medications.
- Interview with the Executive Director on 12/11/2020 failed to identify the provision of medication administration by the ALSA nurses to the client diagnosed with Alzheimer's disease and dementia with behavioral disturbances.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (e) General Requirements for assisted living services agency (1).

2. Based on review of the facility documentation and interview with agency staff, the Assisted Living Services Agency (ALSA) failed to ensure all facility staff were tested for Covid-19 on a weekly basis in accordance with the Department of Public Health mandate. The findings include:
- a. The blast fax dated 2020-101 dated 10/23/2020 from the Department of Public Health required weekly testing for all staff in assisted living services agencies (ALSA) and managed residential communities (MRC) across the state. The weekly testing of all staff should commence no later than the week of 11/1/2020 and should continue until further notice.
- i. The facility Human Resource Rosters identified the employment of 98 associates.
- Interview and review of the ALSA documentation with the Executive Director (ED) on 12/7/2020 indicated that the employees were tested Monday and Tuesday. The ED would then print the results from the testing lab website, then delegated to an employee to update the staff testing roster by checking off the names of employees being tested each week, and documenting the test results on the roster. However the staff testing roster was not updated each week, and the ED failed to review the roster to ensure all updates were current;
- ii. Interview and review of the facility roster with the ED on 12/7/2020 indicated that 28 employees were tested for Covid-19 on 11/9/2020, 27 employees were tested on 11/12/2020, 21 employees were tested on 11/16/2020, 43 employees were tested on 11/19/20, 24 employees were tested on 11/23/2020, 36 employees were tested on 11/24/2020, and failed to identify the weekly testing of 100% (98 employees) of employees in accordance with the Department of Public Health mandate.

Accepted
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Farmington Station

A SENIOR LIVING RESIDENCE (SLR)

410 Capitol Avenue
P.O. Box 340308
Hartford, CT 06134

Attention: Loan Nguyen MSN, RN, C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section
CT# 28052

To Whom It May Concern,

This letter is in response to the request received on December 17, 2020 by Farmington Station Assisted Living. The violations identified were as follows:

1. Based on facility documentation and interviews with the agency staff for one of one client (Client # 1) who sustained a fall, the Assisted Living Services Agency (ALSA) failed to ensure the development of policies and procedures to follow for fall incident
2. For one of one client (Client # 2) who required medication administration by the ALSA nurses, the ALSA failed to develop policies and procedures to ensure the safety of medication delivery,
 - a. and failed to assess the client for the ability to self-administer medications prior to assigning an aide to remind medications.
3. Based on review of the facility documentation and interview with agency staff, the Assisted Living Services Agency (ALSA) failed to ensure all facility staff were tested for Covid-19 on a weekly basis in accordance with the Department of Public Health mandate.

Below please find the plan of correction for each violation noticed above. Each plan of correction includes:

- The measures the community intends to implement or systemic changes that the community intends to make to prevent a recurrence of each identified issue of noncompliance;
- The date each such corrective measure or change by the community is effective;
- The community's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained; and
- The title of the community's staff member that is responsible for ensuring the community is in compliance with its plan of correction.

Accepted
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Farmington Station

A SENIOR LIVING RESIDENCE (SLR)

Finding #1, Plan of Correction

- The community has implemented the [Protocol For Resident Incident Reporting](#) (Attachment A) ;
- All community nurses will receive inservice training on this protocol; inservice completion date goal is January 1, 2020;
- Protocol to be reviewed quarterly as part of the community's Quality Improvement Risk Management Program ("QIRM") beginning in January of 2021;
- Compliance oversight to be completed by the Executive Director

Finding #2, Plan of Correction

- The community has implemented the [Protocol For Delivery of Non-Medication Packages](#) (Attachment C);
 - Signage posted in the community vestibule area as of 12/8/2020
- All community Department Heads have received inservice training on this protocol; inservice sign in sheet is included for reference;
 - Protocol communicated to all residents and family members
- Protocol to be reviewed quarterly as part of the community's Quality Improvement Risk Management Program ("QIRM") beginning in January of 2021;
- Compliance oversight to be completed by the Executive Director

Finding #2a, Plan of Correction

- The community will implement the [Limited Medication Administration \("LMA"\) Policy and Procedure](#) for all residents in the Compass Memory Support Neighborhood as well as any resident in Traditional Assisted Living, as identified per the resident's Assessment Service Plan;
 - Community Resident Care Associates and Wellness Nurses to be trained on the differences between SMM and LMA procedures;
 - Community to schedule family meetings with applicable residents at the time of the assessment and service plan to review the changes from SMM to the LMA program;
 - Community Wellness Department to review medication times with resident's primary care physician to determine any necessary changes as part of the LMA implementation process;
 - Wellness Department to make necessary updates to the residents assessment service plan to reflect the change from SMM to the LMA program;

Accepted
1/27/2021



Farmington Station

A SENIOR LIVING RESIDENCE (SLR)

- Community to adjust Wellness Nurse staffing to accommodate LMA needs
- Corrective action goal date: January 31, 2021
- Protocol to be reviewed quarterly as part of the community's Quality Improvement Risk Management Program ("QIRM") beginning in January of 2021;
- Compliance oversight to be completed by the Executive Director

Finding #3, Plan of Correction

- Based on review of the facility documentation and interview with agency staff, the Assisted Living Services Agency (ALSA) failed to ensure all facility staff were tested for Covid-19 on a weekly basis in accordance with the Department of Public Health mandate.
 - The community has scheduled their weekly testing to be completed in the first half of the week. A sign-in roster spreadsheet is available for staff to use during check in prior to testing. Allowing us to count who did not get tested by midweek giving us the second half of the week to get associates over to Velocity Urgent care to get tested.
- Corrective action goal date: January 1, 2021
- Protocol to be reviewed by Executive Director on a weekly basis
- Compliance oversight to be completed by the Executive Director

If there are any additional questions please contact me directly.

Sincerely,

Jessica Ferreira

Jessica Ferreira, Executive Director
Farmington Station