

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Signature of FLIS Staff

Ludlow Center Health& Rehab

Terri D. McNeil, RNC

118 Jefferson Street; Fairfield. CT

06432

M:

Licensure Category:

CCNH

Licensed Bed/Bassinet Capacity:

144

Census:

139

Date(s) of onsite inspection: 5/6/22 and 5/10/22

Date(s) additional information obtained: 5/25/22

Personnel contacted: Dulce Taylor, DNS

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 # CT25641

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 6/7/22

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 _____

CMP fund verification

CRF grant verification

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

visitation compliance

REPORT SUBMITTED BY: Terri D. McNeil _____ **DATE OF REPORT: 5/25/22** _____

Approval for issuance of license granted by: _____ **DATE:** _____
Supervisor/Title

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

6/15/22
Approved POC
Sub

Manisha Juthani, MD
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality And Safety Branch

IMPORTANT NOTICE - PLEASE READ CAREFULLY

June 7, 2022

Patricia Page, Administrator
Ludlowe Center For Health & Rehabilitation, Llc.
118 Jefferson Street
Fairfield, CT 06432

Dear Ms. Page:

An unannounced visit was made to Ludlowe Center For Health & Rehabilitation, Llc which concluded on May 10, 2022 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 through the ePOC website 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 17, 2022.

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.



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

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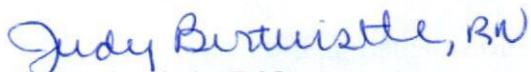
The plan of correction shall be deemed to be the institution's representation of compliance with the identified state statutes or regulations identified in the department's notice of noncompliance. Any institution that fails to submit a plan of correction may be subject to disciplinary action.

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 June 17, 2022 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.

Please return your response to the Supervising Nurse Consultant through the ePOC(as an attachment) website and direct your questions regarding the violations and any questions concerning the instructions contained in this letter to the Supervising Nurse Consultant at (860) 509-7400. Please do not send another copy via US mail.

Respectfully,



Judy Birtwistle, R.N.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

JB:lst

CT #25641

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D8t (o) Medical Records (2)(1).

1. Based on review of the clinical record, facility documentation, facility policy and/or procedures and interviews for one sampled resident reviewed for accidents (Resident #7), the facility failed to implement a comprehensive plan of care with interventions to address the resident's behavioral needs. The findings included:
 - a. Resident #7's diagnoses included dementia without behavior disturbance, atrial fibrillation, and hypertension.

An annual MDS assessment dated 1/18/19 identified Resident #7 was severely impaired for decision-making skills, exhibiting no behaviors and required supervision from staff for ambulating in his/her room and in the corridor.

The Resident Care Plan (RCP) dated 1/31/19 identified a problem with being at risk for falls and high risk for elopement. Interventions included to anticipate and meet the resident's needs, be sure the resident's call light was within reach, encourage him/her to use the call light and resident's wander guard in place on the wheelchair.

A Reportable Event (RE) form/facility documentation dated 3/9/19 at 11:00 AM identified that NA #2 witnessed Resident #7 ambulating unassisted and holding onto the (mounted) wall rail. Resident #7 was observed to turn and (his/her) right leg gave way causing the resident to fall without striking his/her head. As a result of the fall, it was later determined per the radiology report dated 3/9/19, Resident #7 sustained a non-displaced subcapital right hip fracture.

Upon further review of the RE form it was noted that Resident #7's mental and physical status prior to the fall on 3/9/19 described the resident as being alert, responsive with forgetfulness and/or with intermittent confusion. Resident can be passive aggressive, should be an assist of one, was non-compliant and never asked for assistance. It was further noted that following the fall on 3/9/19 there were no changes to the resident's mental and physical status.

A review of a written statement provided by NA #1 who was assigned to provide care to Resident #7 on the 7:00 AM to 3:00 PM when the fall occurred, noted at the time of the fall, she was providing care to another resident and Resident #7 was lasted toileted or changed at 10:00 AM, was non-complaint with transfers, refused help and would become upset when attempts were made to provide assistance.

Attempts were made to contact NA #1 for an interview on 5/6/22 at 1:45 PM were unsuccessful due to a non-working telephone number.

Attempts were also made to contact NA #2 for an interview on 5/6/22 at 1:58 PM and on 5/10/22 at 10:20 AM but were also unsuccessful.

On 5/6/22 at 8:15 PM an interview and review of the clinical record and facility documentation with LPN #1 regarding Resident #7's fall indicated that she was at the nurse's

station when NA #2 reported to her that someone was on the floor near the elevator. Upon approaching the resident, LPN #1 indicated that she saw Resident #7 lying on the floor. LPN#1 further indicated that Resident #7 was non-compliant, refused to listen or follow direction when reminded to utilize the call light and ask for help when he/she needs assistance and refused to utilize his/her wheelchair at times.

Upon review of the clinical record it was noted that although NA #1 and LPN #1 identified the resident as having non-compliant behaviors when asking for assistance and in utilizing his/her wheelchair, documentation was lacking to reflect that a care plan was developed with interventions to address the resident's non-compliant behaviors.

On 5/10/22 at 12:20 PM an interview and review of the clinical record and facility documentation with the DNS indicated that although she was not employed by the facility at the time of the resident's fall on 3/9/19 she would have expected a plan of care to be developed with interventions to address the resident's needs associate with his/her non-compliant behaviors.

Plan of Correction to Violation #1:

Ludlowe Center for Health& Rehabilitation LLC provides this plan of correction without admitting or denying the validity or existence of the alleged deficiencies. This plan of correction is prepared and executed solely because it is required by federal and state law.

Section 19-13-D8t(o)Medical Records(2)(1)

1.
a.

This facility ensures that comprehensive care plans are developed and implemented to address the resident's behavioral needs.

1. Resident #7 no longer resides in the facility.
2. Residents with behavioral needs may be potentially affected by the alleged deficient practice. Care plans were reviewed and revised as indicated.
3. Facility staff will be re-educated comprehensive care planning
4. The DNS or designee will conduct random audits weekly X4; monthly X3 of the residents care plans to ensure that behavioral needs are being addressed. The audits will be brought to the QAPI meetings for review by the committee. Variances will be reviewed with remedial measures initiated as needed
5. The DNS shall have the responsibility for monitoring this plan.

Compliance by: 7/20/22