

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality And Safety Branch

March 19, 2024

Laurie Lofgren, Executive Director
Maplewood At Southport
917 Mill Hill Terrace
Southport, CT 06890
Via Email: southported@maplewoodsl.com

*Accurate
category SWL*

Dear Ms. Lofgren:

An unannounced visit was made to Maplewood At Southport on February 26, 2024, by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a complaint investigation.

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. 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 March 29, 2024.

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.



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DATE OF VISIT: February 26, 2024

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

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 March 29, 2024, 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 original violation letter, along with your response and Plan of Correction, to Elizabeth Heiney, Supervising Nurse Consultant, at Elizabeth.Heiney@ct.gov. Please direct your questions concerning the instructions contained in this letter to Elizabeth Heiney directly at (860) 509-8059. Please do not send another copy via US mail.

Respectfully,

/s/

Elizabeth Heiney, BS, RN, BC
Supervising Nurse Consultant
Facility Licensing and Investigations Section

EH:csf

c. VL
Complaint #36950

DATE OF VISIT: February 26, 2024

THE FOLLOWING VIOLATION 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 D19-13-D105 (d)
Governing Authority of an assisted living services agency (4)(A) and (e) General requirements for an
assisted living services agency (1) and (g) Supervisor of assisted living services (2)(A)(B) and (i)
Assisted living aide services (1)(3).

1. Based on clinical record reviews, review of agency policies and interview with agency personnel, for two of two clients, (Client's #1 & #2) who depended on a pendant alert to communicate the need for assistance, the Assisted Living Services Agency/ALSA staff failed to provide timely responses to the client's calls for assistance, in accordance with the ALSA policy. The findings include:
 - a. Client #1 was admitted to the ALSA program on 2/28/21. The admitting diagnoses included arthritis, polymyalgia rheumatica, hypertension and asthma. The client service plan dated 12/11/23 identified the need for assistance of one caregiver for bathing, dressing, toileting, transferring and at a high risk for falls.

Client #1 received Private Duty Aide/PDA services from 7 AM to 11 AM and 5 PM to 7 PM daily.

Review of Client #1's pendant call logs from 11/21/23 through 12/31/23 (forty days) identified call response times exceeding five minutes occurred thirty-one out of one hundred fifteen times and call response times exceeding twelve minutes occurred twenty-nine out of one hundred-fifteen times.

- b. Client #2 was admitted to the ALSA program on 11/03/22. The admitting diagnoses included paroxysmal atrial fibrillation, osteoporosis, and vascular dementia. The client service plan dated 12/11/23 identified the need for assistance of one caregiver for bathing, dressing, toileting, transferring, medication management and at a high risk for falls.

Client #2 received PDA services from 8 AM to 8 PM daily.

Review of Client #2's pendant call logs from 11/21/23 through 12/31/23 (forty days) identified call response times exceeding five minutes occurred forty-eight out of one hundred sixty-nine times and call response times exceeding twelve minutes occurred fifty-two out of one hundred sixty-nine times.

Interview and review of Client #1 and #2's pendant call logs with the Executive Director and the SALSA on 2/26/24 at 1 PM identified that the facility expectation is that client pendants should be answered within 5 minutes and failed to follow agency policies for timely pendant response times.

DATE OF VISIT: February 26, 2024

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

Review of agency policies for Emergency Response System directed response times under five minutes will be considered timely, response times exceeding five minutes, will be followed up by management. The Regional Team and Vice President of Resident Services receive an alert through their phones when the twelve-minute limit is reached. Coaching shall be immediately provided for delayed responses and should be maintained in the emergency pendant binder.

Plan of Correction for Violation #1:

MAPLEWOOD

AT SOUTHPORT

March 28, 2024

By Email to Elizabeth.Heiney@ct.gov

Ms. Elizabeth Heiney
Supervising Nurse Consultant
Facility Licensing and Investigations Section
State of Connecticut
Department of Public Health
410 Capitol Avenue
P.O. Box 340308
Hartford, CT 06134

**Re: Maplewood at Southport ALSA, LLC/Maplewood at Southport, LLC
Connecticut Department of Public Health Complaint No. 36950
Plan of Correction**

Dear Ms. Heiney:

This letter is in response to your letter dated March 19, 2024 regarding Maplewood at Southport ALSA, LLC (the “ALSA”), the licensed provider of assisted living services at Maplewood at Southport, an assisted living community (the “Community”) operated by Maplewood at Southport, LLC (the “Operator”), located in Southport, Connecticut, a copy of which letter is enclosed. This letter does not constitute an admission that the law has been violated as alleged in your letter, that the facts as alleged in your letter are true, or of any other wrongdoing. Rather, this letter is set forth as a comprehensive Plan of Correction for the following alleged violations of the Regulations of Connecticut State Agencies and/or the General Statutes of the State of Connecticut which were noted during an unannounced visit by a representative of the Facility Licensing and Investigations Section of the Department of Public Health on February 26, 2024.

1. **Violation of the Regulations of Connecticut State Agencies Section D19-13-D105 (d) Governing Authority of an assisted living services agency (4)(A) and (e) General requirements for an assisted living services agency (1) and (g) Supervisor of assisted living services (2)(A)(B) and (i) Assisted living aide services (1)(3).**
 - A. Measures to Prevent Re-Occurrence:
 1. The Regional Resident Services Director will in-service (i.e. educate) the Service Coordinator, Supervisor of Assisted Living Services Agency (“SALSA”), and RN Designee at the Community regarding Maplewood Senior Living’s updated Emergency Response System Policy (the “ERS Policy”), which requires staff at the Community to respond to pendant calls within twelve (12) minutes.
 2. The Service Coordinator, SALSA, and RN Designee at the Community will in-service the RSAs/CNAs, LPNs, Currents Program Director, and

MAPLEWOOD

AT SOUTHPORT

Assisted Living Director regarding the Emergency Response System Policy. The in-service will set forth the twelve (12) or fewer minutes response expectation, as well as the order of response. The order of response designates the CNA assigned to the resident who pressed the pendant as first response. If the assigned CNA is not able to respond to the pendant call, the assigned CNA will use the walkie talkie system to request immediate support from another CNA. If no other CNA can respond, the LPNs, or any available Department Head listed above, will respond to the pendant call.

B. Date of Corrective Action Plan (“CAP”):

The corrective action as described above will be completed by April 15, 2024, except for on-going monitoring described in paragraph C below.

C. Plan to Monitor/Audit:

1. Each day while at work, the Service Coordinator and/or SALSA will print and review the Daily Pendant Alert Report (“Daily Report”) from the previous day(s). Any responses to pendant calls greater than twelve (12) minutes will be reviewed with the Department Heads set forth above, who will follow up with the staff assigned to the resident and investigate why there was a delay in responding to that resident’s pendant call.
2. The Service Coordinator and/or SALSA shall promptly coach and, where appropriate, discipline staff who failed to respond to a pendant call within twelve (12) minutes for which the staff failed to provide a satisfactory explanation.
3. The result of the investigation and follow up with staff for responses greater than twelve (12) minutes will be documented and kept for sixty (60) days for review by the Regional Director of Operations (“RDO”) or the Regional Resident Service Director (“RRSD”).
4. In an effort to ensure sustained compliance, at least once each month for the following four (4) months, the RDO or RRSD will randomly audit six (6) Daily Reports in order to evaluate improvement of pendant call responses at the Community, including investigations/follow ups for responses greater than twelve (12) minutes.

D. Staff Member Responsible for Monitoring the Plan of Correction:

The staff member responsible for ensuring the Community’s compliance with this Plan of Correction will be the Supervisor of Assisted Living Services.

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AT SOUTHPORT

Should you have any questions, please contact me by email at southportersd.com or by phone at (203) 418-2022.

Respectfully submitted by,



Kayla Duvall, RN
Supervisor of Assisted Living Services Agency
Maplewood at Southport ALSA, LLC

CP:an

cc: Shane Herlet (by email)
 Arthur E. Miller (by email)
 James Doyle (by email)
 Constantin Popescu (by email)
 Jerrica Clements (by email)
 Liz Castiline-Gannon
 Eileen Duggan (by email)
 Laurie Lofgren (by email)