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

September 29, 2020

Deborah Smith, Supervisor of Assisted Living Services Agency
Colebrook Village At Hebron
55 John E. Horton Blvd
Hebron, CT 06248

dsmith@colebrookvillage.com

Dear Ms. Smith:

An unannounced visit was made to Colebrook Village At Hebron on August 5, 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 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 Ocotber 9, 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(S) OF VISIT: August 5, 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 is not responded to by October 9, 2020 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

If there are any questions, please do not hesitate to contact this office at Loan.Nguyen@ct.gov.

Respectfully,

Loan D Nguyen

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

CT # 27833

LDN:lst

DATE(S) OF VISIT: August 5, 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 (h) Nursing Services provided by an assisted living services agency (4)(A) and/or (k) Client service record (2)(H)(i) and/or (ii) and/or (vi)

1. Based on clinical record review and interviews with the agency personnel, for one of three clients (Client #1) who sustained falls, the Assisted Living Services Agency (ALSA) nurses failed to update the plan of care with interventions to prevent the recurrence of falls, and failed to administer medications in accordance with the physician's orders. The findings include:

Client #1 was admitted to the ALSA program on 25/2019 with diagnoses that included dementia, asthma, hypothyroidism, anxiety, osteoporosis and a history of falls.
The Client Service Plan dated 8/2/2019 identified the need for safety checks seven times per day, medication reminders twice a day, showers twice a week, and reminders for ambulation as needed. The client utilized a rolling walker for ambulation, and was independent with transfers.

a. The ALSA notes indicated that Client # 1 fell on 5/12/2020 but did not report the fall to the facility staff until 5/13/2020.
Review of the ALSA documentation with Registered Nurse (RN) #1 on 8/5/2020 indicated that Client # 1 sustained a total of three falls during the month of May 2020, but failed to identify nursing updates to the Client Service Plan to reflect the fall episodes and interventions to prevent further recurrence. The ALSA policies and procedures directed the update of the plan of care after each incident of falls, with measures to prevent further falls;

b. Interview and review of the ALSA policies and procedures with RN#1 on 8/5/2020 indicated that each fall episode required the documentation of an internal investigation and a notification to the physician, but failed to identify physician notification of the fall sustained on 5/12/2020, and failed to identify the document of an investigation of the circumstances of the fall;

c. The client's medications included Tylenol 325 mg one to two tablets by mouth every 4 to 6 hours for pain as needed.
Review of the PRN (as needed) Medication Log indicated that Client # 1 received Tylenol 500 milligrams instead of Tylenol 325mg from 5/11/2020 through 5/16/2020.
Interview and review of the physician's orders with Registered Nurse #1 on 8/5/2020 indicated that the ALSA nurses administered Tylenol 500 mg to Client # 1 from 5/11/2020 to 5/16/2020 without an order for Tylenol 500 mg.

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Facility: Colebrook Village at Hebron

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 (h) Nursing Services provided by an assisted living services agency (4)(A) and/or (k) Client service record (2)(H)(i) and/or (ii) and/or (vi)

This Plan of Correction is in response to your investigation of August 5, 2020. The Plan of Correction constitutes our written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. Colebrook Village at Hebron is committed to providing each client with the highest level of care in a safe and nurturing environment. This Plan of Correction is submitted to meet requirements established by state and federal law.

1. Based on clinical record review and interviews with the agency personnel, for one of three clients (Client #1) who sustained falls, the Assisted Living Services Agency (ALSA) nurses failed to update the plan of care with interventions to prevent the recurrence of falls, and failed to administer medications in accordance with the physician's orders. The findings include:

   Client #1 was admitted to the ALSA program on 25/2019 with diagnoses that included dementia, asthma, hypothyroidism, anxiety, osteoporosis and a history of falls.
   The Client Service Plan dated 8/2/2019 identified the need for safety checks seven times per day medication reminders twice a day, showers twice a week, and reminders for ambulation as needed. The client utilized a rolling walker for ambulation, and was independent with transfers.

a. The ALSA notes indicated that Client # 1 fell on 5/12/2020 but did not report the fall to the facility staff until 5/13/2020.
   Review of the ALSA documentation with Registered Nurse (RN) #1 on 8/5/2020 indicated that Client # 1 sustained a total of three falls during the month of May 2020, but failed to identify nursing updates to the Client Service Plan to reflect the fall episodes and interventions to prevent further recurrence. The ALSA policies and procedures directed the update of the plan of care after each incident of falls, with measures to prevent further falls;

   - *Henceforth, Nursing updates to the Client Service Plan and Interventions to prevent further recurrences of falls will be entered in the Client Service Plan as per the Agency Policy "Emergency Response to Falls" that states under post fall protocol- "revise service plan as warranted."*
   - *Nursing staff will update nurse's notes and MD orders with all MD ordered interventions and medications that are not applicable to the Client Service Plan.*
   - *SALSA and RN designee are responsible to update the Client Service Plans and Interventions as warranted.*
   - *This correction will begin immediately.*
   - *Nursing staff re-education regarding updating nurse's notes and MD orders will be completed by the SALSA/ Designee by 10/30/2020*

- *Staff who fail to properly document will be disciplined pursuant to Colebrook Village's Disciplinary Procedure*
- *Salsa/Designee will be responsible for ensuring the organization's compliance with this Plan of Correction and will review documentation after each fall incident to ensure compliance.*

b. Interview and review of the ALSA policies and procedures with RN#1 on 8/5/2020 indicated that each fall episode required the documentation of an internal investigation and a notification to the physician, but failed to identify physician notification of the fall sustained on 5/12/2020, and failed to identify the document of an investigation of the circumstances of the fall;

- *Although it was documented in the nurse's progress notes that the MD was notified and ordered an OT and PT consult, going forward the documentation of the fall, investigation of the fall, and notification to the MD will be documented on the Incident Report Form.*
- *Staff re-education on the reporting and documentation requirements regarding falls will be completed by* the SALSA/Designee by 10/30/20
- *Staff who fail to properly document will be disciplined pursuant to Colebrook Village's Disciplinary Procedure*
- *Salsa/Designee will be responsible for ensuring the organization's compliance with this Plan of Correction and will review documentation after each fall incident to ensure compliance.*

c. The client's medications included Tylenol 325 mg one to two tablets by mouth every 4 to 6 hours for pain as needed.
Review of the PRN (as needed) Medication Log indicated that Client # 1 received Tylenol 500 milligrams instead of Tylenol 325mg from 5/11/2020 through 5/16/2020.
Interview and review of the physician's orders with Registered Nurse #1 on 8/5/2020 indicated that the ALSA nurses administered Tylenol 500 mg to Client # 1 from 5/11/2020 to 5/16/2020 without an order for Tylenol 500 mg.

- *Henceforth, nursing staff will reconcile all medications that our brought into the building, including any over the counter medications that families supply.*
- *Nursing staff will ensure that all medications match MD orders prior to the administration of said medications.*
- *Reminder letters will be sent by 10/30/2020 to all residents and family members that purchase OTC medications for residents that receive medication management services by the ALSA to give all of these medications to the nursing staff first so that they can be properly reconciled.*
- *Staff re-education on medication administration will be completed by the SALSA/Designee by 10/30/2020*
- *Staff who fail to properly administer medications per the medication policy will be disciplined pursuant to Colebrook Village's Disciplinary Procedure*
- *Nursing staff will be responsible for ensuring that all medications are reconciled per the medication policy ensuring* the organization's compliance with this Plan of Correction

Audits:

1. ***All audits will be conducted by the SALSA/Designee monthly and will continue for 6 months.***
2. ***A summary of audit results will be reported by the SALSA/Designee to the Quality Assurance Committee.***

- *All (100%) of new fall incident reports will be reviewed by SALSA/Designee monthly for six months for root cause analysis, interventions/action items to prevent recurrence, updates to care/service plans, physician notification, and implementation with goal of 100% compliance with documentation expectations.*
- *An audit of 60% charts, randomly selected, will be conducted monthly for six months with goal of 100% compliance with medication reconciliation expectations.*
- *Once compliance goals are met for each separate audit, the audit will then continue quarterly ongoing.*