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

October 20, 2020

Beata Kozubal, Supervisor of Assisted Living Services Agency
Brookdale Chatfield
One Chatfield Drive
West Hartford, CT 06110

bkozubal@brookdale.com

Dear Ms. Kozubal:

An unannounced visit was made to Brookdale Chatfield on October 2, 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 are the violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which were noted during the course of the visits. 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 October 30, 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.

Acceptable POC
12/17/2020 JC

BROOKDALE
CHATFIELD
SENIOR LIVING SOLUTIONS

The following is the Plan of Correction for **Brookdale Chatfield** regarding the Statement of Deficiencies dated **October 20, 2020**. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is a submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.

Unannounced visit was made to Brookdale Chatfield on October 2, 2020 by a representative of the Facility Licensing and Invesitgation Section of the Department of Public Health for the purposes of conducting an investigation. The findings are as follows:

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (e) General Requirements for assisted living service agency (1)
1. Based on review of the facility documentation and interviews with the facility personnel, the facility failed to comply with the Governor's Executive Orders 7UU and 7AAA to include 100% employees in their weekly Point Prevalence Surveillance (PPS) testing. The findings include:

Interview with the Executive Director on 9/9/2020 indicated that the facility conducted weekly testing of staff on 7/9, 7/15, 7/22, 7/29, with the last testing conducted on 8/11/2020.

1.a. Review of the facility employee testing roster for the testing date of 7/9/2020 with the Executive Director on 9/5/2020 failed to indicate that all employees were tested;

1.b. Review of the facility employee testing roster for the testing date of 7/15/2020 with the Executive Director on 9/5/2020 failed to indicate that all employees were tested;

1.c. Review of the facility employee testing roster for the testing date of 7/22/2020 with the Executive Director on 9/5/2020 failed to indicate all employees were tested;

1.d. Review of the facility employee testing roster for the testing date of 7/29/2020 with the Executive Director on 9/5/2020 failed to indicate that all employees were tested;

1.e. Review of the facility employee testing roster for the testing date of 8/11/2020 identified a gap of 13 days since the testing of 7/29/2020, and failed to indicate that all employees were tested;

A Corrective Action:

1. ALSA will conduct an audit of 100% employee rosters to ensure all inactive employees are deactivated in eHR [electronic Human Resource] system.
2. Enter all active employees on monthly Test Log.

1 Chatfield Drive
West Hartford, CT 06110
Phone (860) 561-1669
brookdale.com
Facility No. 00827

3. Utilize Testing Log to document weekly testing of all employees.
4. Appoint COVID Testing Coordinator to oversee testing process and on-going compliance with all Executive Orders.

B. Completion Date:
1. Audit of employee Roster and implementation of Testing Log will be completed on or before October 31, 2020.
2. Testing Coordinator was appointed on October 19, 2020.

C. Ongoing Quality Assessment and Performance Improvement Process:
1. Testing Coordinator will oversee the process of scheduling routine testing
2. Testing Coordinator will review Testing Logs for completion at end of scheduled testing dates.
3. Testing Coordinator will submit Testing Logs to SALSA for Final Review.

D. SALSA will be responsible for the ongoing monitoring of this plan

1.f. **According to the Executive Director in an interview on 9/5/2020 an employee was sent home after feeling ill on 8/20/2020. The employee subsequently notified the Executive Director on 8/26/2020 of the employee's positive results for Covid-19. The Executive Director identified that the facility re-started employee testing on 8/27/2020.**
Review of the employee testing roster for the testing date of 8/27/2020 failed to indicate that all ALSA and MRC employees were tested in accordance with gubernatorial Executive Orders 7UU and 7AAA;

A Corrective Action:
1. ALSA will conduct an audit of 100% employee rosters to ensure all inactive employees are deactivated in eHR [electronic Human Resource] system.
2. Enter all active employees on monthly Test Log.
3. Utilize Testing Log to document weekly testing of all employees.
4. Appoint COVID Testing Coordinator to oversee testing process and on-going compliance with all Executive Orders.
5. Any employee that becomes ill [demonstrating symptoms related to COVID] while at work will have rapid COVID test done and PCR; if available, prior to being sent home.
6. All employees that report exhibiting Flu and or COVID symptomology will be closely monitored
    - Timing of symptom onset and duration
    - Dates of supplemental testing if warranted
    - Work Dates [last date worked, planned return date]

B. Completion Date:
1. Audit of employee Roster and implementation of Testing Log will be completed on or before October 31, 2020.
2. Testing Coordinator was appointed on October 19, 2020.
3. Initiation of Symptomatic Log will be completed October 31, 2020

C. Ongoing Quality Assessment and Performance Improvement Process:
1. Testing Coordinator will oversee the process of scheduling routine testing

2. Testing Coordinator will review Testing Logs for completion at end of scheduled testing dates.
3. Testing Coordinator will submit Testing Logs to SALSA for Final Review.
4. SALSA will Monitor Symptomatic Log on daily basis to ensure all affected employees are on entered on tool and being monitored for progression of symptoms.

D. SALSA will be responsible for the ongoing monitoring of this plan

1.g. Review of the employee testing roster for the testing date of 9/1/2020 failed to indicate that all ALSA and MRC employees were tested in accordance with gubernatorial Executive Orders 7UU and 7AAA.

The Connecticut Governor's Executive Orders 7UU and 7 AAA mandated ALSA and MRC beginning on June 28, 2020 to test for COVID-19 any staff who have not previously tested positive for COVID-19, and to continue such weekly testing for the duration of the public health and civil preparedness emergency, or until testing identified no new cases of COVID-19 among clients or staff over at least 14 days since the most recent positive result, whichever occurred first. Weekly testing of such assisted living services agency staff should restart if a new case of COVID-19 was identified in a client or staff member.

A Corrective Action:
1. ALSA will conduct an audit of 100% employee rosters to ensure all inactive employees are deactivated in eHR [electronic Human Resource] system.
2. Enter all active employees on monthly Test Log.
3. Utilize Testing Log to document weekly testing of all employees.
4. Appoint COVID Testing Coordinator to oversee testing process and on-going compliance with all Executive Orders.

B. Completion Date:
1. Audit of employee Roster and implementation of Testing Log will be completed on or before October 31, 2020.
2. Testing Coordinator was appointed on October 19, 2020.

C. Ongoing Quality Assessment and Performance Improvement Process:
1. Testing Coordinator will oversee the process of scheduling routine testing
2. Testing Coordinator will review Testing Logs for completion at end of scheduled testing dates.
3. Testing Coordinator will submit Testing Logs to SALSA for Final Review.

D. SALSA will be responsible for the ongoing monitoring of this plan