

2018

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

Page 1 of ____

LICENSING INSPECTION REPORT**d/b/a Name and Address of Entity****FLIS Staff**

BAL Woodbridge
21 Bradley Rd
Woodbridge CT 06525

Maria J. Santoni M. June Constant

M:

Ph: 203-787-8141

Licensure Category:

Licensed Bed

Census:

Bassinets Capacity: _____

Assisted Living

Date(s) of onsite inspection: 11/29/18**Date(s) additional information obtained:** 12/3/18**Personnel contacted:** Kikina Morris RN SPLSA, Joyce Parker Registered RN**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 # 24155
- ☐ 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 _____
- ☐ 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 _____

REPORT SUBMITTED BY: Maria J. Santoni M.**DATE OF REPORT:** 12/3/18☒ Approval for issuance of license granted by: Loan D. Nguyen

Supervisor/Title

DATE: 3/18/19

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

Page 1 of ____

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

FLIS Staff

BAL Woodbridge
21 Bradley Road
Woodbridge CT 06525

Melvin J. San Juan MD Nurse Consultant

M:

Licensure Category:

Licensed Bed
Bassinet Capacity:

Census:

ALSA

Date(s) of onsite inspection: 09/13/18

Date(s) additional information obtained:

Personnel contacted:

Kimoko Morris, RN SDSA Joyce Archer Regional RN
Diana McSherry RN Supervisor

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 # 24059

☒ 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 9/17/18

☐ 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

REPORT SUBMITTED BY: Melvin J. San Juan MD DATE OF REPORT: 9/13/18

☒ Approval for issuance of license granted by: Loan D. Nguyen DATE: 9-17-18
Supervisor/Title

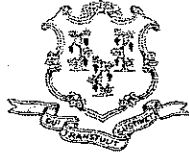
**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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LICENSING INSPECTION NARRATIVE REPORT:

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor

Nancy Wyman
Lt. Governor

Healthcare Quality And Safety Branch

September 17, 2018

Kimoko Morris, Supervisor of Assisted Living Services Agency
BAL Woodbridge
21 Bradley Road
Woodbridge, CT 06525

Dear Ms. Morris:

An unannounced visit was made to BAL Woodbridge on September 13, 2018 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 visits.

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 1, 2018.

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.

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 1, 2018 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.



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

Affirmative Action/Equal Opportunity Employer

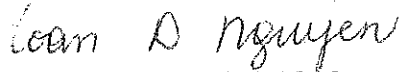


DATE OF VISIT: September 13, 2018

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

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

A handwritten signature in cursive script that reads "Loan D. Nguyen".

Loan Nguyen M.S.N., R.N., C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

CT # 24059

DATE OF VISIT: September 13, 2018

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 (g) Supervisor of assisted living services (2)(A) and/or (B) and/or (h) Nursing Services provided by an assisted living services agency (3)(D) and/or (4)(E).

1. Based on review of the clinical record and interview with agency personnel, for one of three clients (Client #1) who required nursing services for medication administration, the agency nurses failed to reconcile the physician's medication orders against the current medication supply and/or labels. The findings include:
 - a. Client #1 was admitted to the assisted living services agency (ALSA) program on 09/12/13 with diagnoses that included Parkinson's disease, hypertension, hyperlipidemia and hypothyroidism.

The client was alert and oriented with decreased mobility and decreased hand dexterity required to open medication containers.

A family member assumed the administration of medications for Client # 1. A nursing note dated 12/21/17 indicated that beginning 12/21/17, Client #1's family requested services from the ALSA nurses to administer Client #1's medications.

Client # 1's medication included Carbidopa-Levodopa (Sinemet) by mouth for Parkinson's disease.

Physician's orders dated 12/18/17 directed the administration of Carbidopa-Levodopa 10-100mg Immediate release "daily." Interview and review of the ALSA documentation with the SALSA on 09/13/18 at 2:00 p.m. indicated that the ALSA nurses scheduled the administration of Carbidopa-Levodopa 10-100mg Immediate release at 5PM each day.

Physician's orders dated 12/18/17 also directed the administration of Carbidopa-Levodopa CR (sustained-release) 50-200mg one tablet in the morning and a half-tablet at twelve noon.

Interview and review of the ALSA documentation with the SALSA on 09/13/18 at 2:00 p.m. indicated that the ALSA nurses scheduled the administration of Carbidopa-Levodopa CR (sustained-release) 50-200mg one tablet at 8AM each day, and Carbidopa-Levodopa CR (sustained-release) 50-200mg half a tablet at twelve noon each day.

Interview with the SALSA on 09/13/18 at 2:00 p.m. indicated that the family picked up the medications from the local pharmacy and brought those in the facility for the ALSA nurses to administer to Client # 1.

Per the SALSA, although the bottle of Carbidopa-Levodopa 10-100mg Immediate release (dispensed by the pharmacy on 12/15/18 and brought in by the family) was labeled as Carbidopa-Levodopa 10-100mg Immediate release "three times a day," the ALSA nurses used that bottle to administer Carbidopa-Levodopa 10-100mg Immediate release once a day

FACILITY: BAL Woodbridge

DATE OF VISIT: September 13, 2018

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

(as ordered by the physician on 12/18/18) at 5PM each day.

Interview and review of the physician's orders and the ALSA documentation with the SALSA on 09/13/18 at 2:00 p.m. failed to identify nursing notification to the physician of the discrepancy between the physician's order dated 12/18/18 to administer Carbidopa-Levodopa 10-100mg Immediate release once a day, and the labeling on the bottle for Carbidopa-Levodopa 10-100mg Immediate release to be administered "three times a day."

Interview with Pharmacist # 1 (from the local pharmacy that dispensed Carbidopa-Levodopa 10-100mg Immediate release to Client # 1) on 09/14/18 indicated that the local pharmacy dispensed 270 tablets of Carbidopa 10 mg/Levodopa 100 mg Immediate release on 12/15/17 to Client # 1's family. The pharmacy labeled the bottle of Carbidopa 10 mg/Levodopa 100 mg Immediate release with instructions to administer three times a day, according to the physician's orders that the pharmacist had on file, at the time of the refill 12/15/17.

Pharmacist # 1 further indicated that the local pharmacy would not relabel a prescription bottle already dispensed. If the physician were to order a different frequency of administration for the Carbidopa 10 mg/Levodopa 100 mg Immediate release, the pharmacy would dispense a new bottle labeled with the new frequency for administration.

Pharmacist # 1 indicated that while the ALSA received a physician's order on 12/18/17 to administer Carbidopa 10 mg/Levodopa 100 mg Immediate release "daily," the local pharmacy did not receive a new order from the physician until 9/4/18 (eight and a half months later), to administer Carbidopa 10 mg/Levodopa 100 mg Immediate-release once a day at 5PM. The pharmacist subsequently dispensed a new bottle of Carbidopa 10 mg/Levodopa 100 mg Immediate-release with the new instructions for administration as "once a day at 5PM," and Client # 1's family picked up the new bottle on 9/6/18.

POL Accepted
10/5/18
M. Sanborn

Coachman Square

at Woodbridge

A Benchmark Senior Living Community

21 Bradley Rd, Woodbridge, CT 06525



To: Loan Nguyen

Fax number: 860-509-7543

From: Kimiko Morris, SALSA

Date: 10/01/2018

of pages including cover: 3

Regarding: Plan of Correction

Phone: 203-397-7544

Wellness Fax: 203-397-7665

Comments:

Please see attached Plan of Correction for Coachman Square at Woodbridge.

POL Accepted
10/5/18
M. Sanborn

**State of Connecticut Department of Public Health Plan of Correction
 BAL Woodbridge**

Sept 28, 2018

Alleged Violation 1	Section 19-13 – D105(g) Supervisor of assisting living services (2) (A) and/ or (B) and/or Nursing Services provided by an assisted living services agency (3) (D) and/ or (4) (E). The agency nurses failed to reconcile the physician's medication orders against the current medication supply and/ or labels.
Measures to Prevent the Recurrence:	Client #1 remains in the community. The family provides medication management at this time. An audit will be completed for all residents that currently receive their medications from an outside pharmacy and match the pharmacy label on the vial to the current physician order. A re-in-service will be completed to all nursing staff that will include a review of the 6 rights of medication administration prior to the administration of the resident's medication(s).
Date Measures will be Effective	October 4, 2018
Communities Plan to monitor its quality assessment and performance improvement to make sure measurements or systemic change is sustained	A random audit will be completed monthly for three months to assure compliance and every 120 days thereafter for three quarters that all medication vials match the physician orders. The audits will be reviewed at the 120 day QA meetings.
Person Responsible for Monitoring	SALSA or Designated nurse
Alleged Violation 1b	Failed to identify nursing notification to the physician of the discrepancy between the physician's order and the labeling of the bottle.
Measures to Prevent the Recurrence:	All nurses will be re-educated to notify the physician and family of discrepancy between the physician's order and the labeling of the bottle.
Date Measures will	October 4, 2018

POL Accepted
10/5/18
M. S. B. B. B. B. B.

be Effective	
Communities Plan to monitor its quality assessment and performance improvement to make sure measurements or systemic change is sustained	A random audit will be completed monthly for three months to assure compliance and every 120 days thereafter for three quarters that all medication vials match the physician orders. If a discrepancy was noted, the physician and family were notified. The audits will be reviewed at the 120 day QA meetings.
Person Responsible for Monitoring	SALSA or Designated nurse

This Plan of Correction is filed as evidence of the ALSA's continuing commitment to quality care and as required by applicable law. The filing of this Plan of Correction does not constitute and may not be construed as any admission regarding the alleged violations.

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

Page 1 of 1

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

FLIS Staff

BAL woodbridge
21 Bradley Road
woodbridge CT 06525
M:

Robert Barron Nurse Consultant

Licensure Category:

Licensed Bed
Bassinet Capacity:

Census:

Assisted Living

Date(s) of onsite inspection: 8/24/18

Date(s) additional information obtained:

Personnel contacted: Kimiko Morris SA/SA

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 # 22604

☐ 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

☐ 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

REPORT SUBMITTED BY: Robert Barron DATE OF REPORT: 8-24-18

☒ Approval for issuance of license granted by: Coan D Nguyen DATE: 8-31-18
Supervisor/Title

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5/11/18 FACESHEETS
Revised 2/2018

