

2017

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

Signature of FLIS Staff

Bal Woodbridge
21 Bradley Road
Woodbridge CT 06525

Melissa J. San Souci RN Nurse Consultant

M: Same

Ph 203-397-7544 Fax 203-397-7543

Licensure Category:

Licensed Bed

Census:

Assisted Living Facility
Coaches Square at Woodbridge - mrc

Bassinet Capacity:

79 Traditional
15 Memory Care
(94)

Date(s) of onsite inspection: 05/04/17 pm 05/05/17

Date(s) additional information obtained: _____

Personnel contacted: Anthony Vecchitto, ED, Kimiko Momo RN Salsa

Mary Jo Desirka RN Regional Nurse

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 # _____

☒ 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 11-14-17

☐ 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: Melissa J. San Souci RN DATE OF REPORT: 05/05/17

☒ Approval for issuance of license granted by: Joan D Nguyen DATE: 11-9-17
Supervisor/Title

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

Page 2 of ____

LICENSING INSPECTION NARRATIVE REPORT:

1

ENTITY: BAL Woodbridge

DATE(S) OF VISIT: 05/04/17 pm

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 94

Number of home visits: 2 Number of records reviewed: 4

SALSA: Kimiko Morrison

SALSA Designee: _____

Home health care contracts/contracts:

Name: NEHC

Address: 136 Benson Rd

Chromwell CT 06414

Phone: 860-632-4000

Name: Encompass

Address: 2080 Silver Dancer Hwy 2nd Fl

Rocky Hill CT 06067

Phone: 860-529-5400

Managed Residential Community visited: Coachman Square at Woodbridge

Service Coordinator: Sarah Malapina

Policy review was done relative to record reviews and/or violations cited as appropriate. ✓

SIGNATURE: Melissa J. San Souci RD

DEPARTMENT OF PUBLIC HEALTH
HOSPITAL AND MEDICAL CARE DIVISION

INSPECTION MATERIALS CHECKLIST
ASSISTED LIVING SERVICES AGENCY

Assisted Living Services Agency Coachman Square @ Woodbridge
Address 21 Bradley Rd
city Woodbridge State CT Zip Code 06525

The Inspection Materials Checklist is to be used to identify any new or revised agency materials since the last licensure inspection. Please complete as appropriate for your agency and have any materials so identified available for review.

<u>Agency Materials</u>	<u>New</u>	<u>Revised</u>
<u>BY-LAWS OR RULES OF ORDER</u>		
<u>POLICIES/PROCEDURES</u>		
Client Care Policies/Procedures		
o Admission		
o Assisted Living Aide Program		
o Discharge		
o Emergency		
o Administration of Medications		
o Complaint Procedure		
Nursing Service		
<u>PERSONNEL POLICIES</u> -for the assisted living services agency		
Orientation		
In-service education		
Required health examinations		
Annual performance evaluation policy		
Job description-supervisor of assisted living services.		
Job description-assisted living aide		
<u>QUALITY ASSURANCE PROGRAM/PLAN</u>		
<u>BILL OF RIGHTS</u>		
<u>PUBLIC INFORMATION MATERIALS</u>		

PLEASE IDENTIFY ANY OTHER NEW MATERIALS DEVELOPED

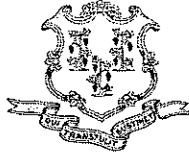
Weights + Vital Signs

Supervisor of Assisted Living Services Signature: M. J. Besetka RN

Date: 5/4/17

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

November 14, 2017

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

Dear Ms. Morris:

Unannounced visits were made to Bal Woodbridge on May 4 and 5, 2017 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a licensing inspection.

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.

You may wish to dispute the violations and you may be provided with the opportunity to be heard. If the violations are not responded to by November 28, 2017 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

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 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 may be subject to disciplinary action.



Phone: (860) 509-7400 • Fax: (860) 509-7543
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



DATES OF VISIT: May 4 and 5, 2017

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, appearing to read "Loan Nguyen".

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

LDN:ls1

DATES OF VISIT: May 4 and 5, 2017

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 (d) Governing authority of an assisted living services agency (4)F) and/or (g) Supervisor of assisted living services (2)(D).

1. Based on review of the clinical record and interview with agency personnel, for one of four clients (Client # 1) in the survey sample, the Assisted Living Services Agency/ALSA failed to develop and implement policies to address the documentation of medication pre-pouring. The findings include:
 - a. Client #1 was admitted to the ALSA program on 02/27/16 with diagnoses that included anxiety disorder, chronic kidney disease, difficulty walking, gastroesophageal reflux disease, depressive disorder, personal care deficit, dementia without behavioral disturbance, urinary tract infection, atherosclerotic heart disease of native coronary artery without angina pectoris, chronic obstructive pulmonary disease, hypertension, ischemic cardiomyopathy, muscle weakness, osteoarthritis and fracture of the right pubis.

A service plan dated 04/21/17 identified the need for medication pre-pouring by a nurse and medication reminders by an assisted living aide.

During a joint visit on 05/05/17 ALSA Aide #1 reminded and assisted the client with medications then initialed an "8 – 11 a.m" section in the "Medication Observation Record."

Interview and review of the medication administration record (MAR) with the supervisor of assisted living agency (SALSA) on 05/05/17 for the period of 04/18/17 to 04/26/17 identified documentation that a nurse pre-poured the client's medications, but failed to identify nursing documentation of medication pre-pouring for the subsequent period of 04/27/17 to 05/24/17;

Subsequent to surveyor inquiry, the SALSA produced a form entitled "Medication Prepour Schedule Week 1."

The form listed the patient names and the nurse initials for medications pre-poured on 03/12/17, 03/26/17, 04/09/17 and 04/23/17 but failed to identify the names of the medications pre-poured and/or the full name and credentials of the nurses;

Interview with the SALSA on 05/05/17 and review of the agency "Medication Management" policy failed to identify guidance on the medication pre-pouring process and documentation of the process in the client's record.

DATES OF VISIT: May 4 and 5, 2017

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 (3)(B)

2. Based on review of the clinical record and staff interview, for one of one client (Client #2) who received hospice services, the ALSA nurses failed to update the Client Service Program and/or orient the ALSA aides. The findings include:
 - a. Client #2 was admitted to the ALSA program on 12/21/10 with diagnoses that included progressive dementia, coronary artery disease, hypertension, arthritis, pleural effusion and atrial flutter.

A Memorandum of Understanding developed by the ALSA and the hospice agency indicated that the client elected the hospice benefits on 02/28/17.

Interview and review of the client's service program from 12/12/16 to 04/11/17 with the SALSA on 05/05/17 identified the listing of another home care agency, failed to identify the deletion of the home care agency information, and the addition of the hospice agency information;

Interview and review of the ALSA aide "Personal Care Daily Log" for Client #2 for the months of February, March and April 2017 with the SALSA on 05/05/17 failed to identify documentation of the addition of hospice services and/or failed to identify specific instructions to the ALSA aides on the change in the plan of care, including hospice services.

Shirley

Coachman Square
at Woodbridge
A Benchmark Senior Living Community

*Poc. Approved
12/12/17
M. San Juan Rd*

BAH Woodbridge

11/28/17

To Whom it May Concern

Please see the attached revised plan of correction for Coachman Square at Woodbridge. Please contact me at 203-397-7544 if you have any questions. In addition, 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.

Sincerely,



Anthony Vecchitto
Executive Director

POC Approved
12/12/17
M. San Souci

State of Connecticut Department of Public Health Plan of Correction

BAL Woodbridge

November 28, 2017

Alleged Violation 1	Section 19-13-D105 (d) Governing authority of an assisted living services agency (4) (F) and/ or (g) Supervisor of assisted living services (2) (D). ALSA failed to develop and implement policies to address the documentation of medication pre-pouring. (a) • Failed to identify nursing documentation of medication pre-pouring for the subsequent period of 4/27/17 to 5/24/17 • "Medication management" policy failed to identify guidance on the medication pre-pouring process and documentation of the process in the client's record.
Measures to Prevent the Recurrence:	• An audit will be completed for all residents requiring a "pre-pour" to assure proper pre-pour documentation is in place. • A medication management policy to the pre-pour process has been put into place. • An in-service was initiated on November 20, 2017 for all licensed nursing staff to the policy and the proper documentation of the pre-pour process and proper documentation in the client's record.
Date Measures will be Effective	December 12, 2017
Communities Plan to monitor its quality assessment and performance improvement to make sure measurements or systemic change is sustained	• An audit will be completed monthly for three months for 100% compliance and every 120 days thereafter times three to verify the pre-pour process has been completed as per policy and proper documentation is in place. • The findings will be reviewed at communities QA meetings.
Person Responsible for Monitoring	SALSA or Designated RN
Alleged	Section 19-13-D105 (h) Nursing services provided by an assisted living

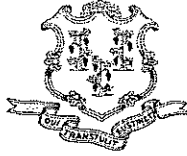
Pol Approved
12/12/17
M. San Souci RN

Violation 2	services agency (3) (B). The ALSA nurses failed to update the client service program and/ or orient the ALSA aides. (a) - Failed to identify the deletion of the home care agency information, and the addition of the hospice agency information. - SALSA failed to identify documentation of the addition of hospice services and/ or failed to identify specific instructions to the ALSA aides on the change in the plan of care, including hospice services.
Measures to Prevent the Recurrence:	- An audit will be completed to all residents currently on hospice services to assure the proper agency is noted on the resident's service plan. - An in-service was completed on November 20, 2017 with all RN staff to include proper documentation and update of any changes in agency providing home care services to the resident's service plan.
Date Measures will be Effective	December 12, 2017
Communities Plan to monitor its quality assessment and performance improvement to make sure measurements or systemic change is sustained	- An audit will be completed for 10% of residents on Hospice services to assure the proper agency is noted on the service plan. - Audits will be completed monthly for three months to assure 100% compliance that the proper agency is noted on the resident's service plan and every 120 days thereafter for three months. The results of the audit will be reported the community QA committee meetings.
Person Responsible for Monitoring	SALSA or Designated RN

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 violation

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



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Commissioner

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Healthcare Quality And Safety Branch

November 14, 2017

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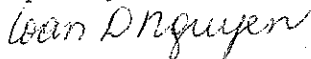


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Supervising Nurse Consultant
Facility Licensing and Investigations Section

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Nursing services provided by an assisted living services agency (3)(B)

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