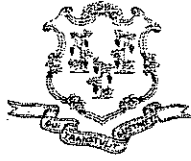


2016

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

March 31, 2016

Raven Betancourt, Supervisor of Assisted Living Services Agency
BAL at Woodbridge
21 Bradley Road
Woodbridge, CT 06525

Dear Ms. Betancourt:

Unannounced visits were made to BAL at Woodbridge on August 19, 2015 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation and a licensing inspection, with additional information obtained on August 25, 2015.

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 visits.

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 April 14, 2016 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

Please address the violation with a prospective plan of correction which includes the following components within fourteen days of the date of this letter:

1. Measures to prevent the recurrence of the identified violation, (e.g., policy/procedure, inservice program, repairs, etc.).
2. Date corrective measure will be effected.
3. Identify the staff member, by title, who has been designated the responsibility for monitoring the individual plan of correction submitted for each violation.

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 Nguyen".

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

CT # 18018



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: August 18 and 19, 2015

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) (D) and/or (k) Client service record (2) (K).

1. Based on clinical record review and staff interview, for one of one client (Client #1) who required private aide services, the Assisted Living Services Agency (ALSA) failed to orient the private aide to the client's plan of care and/or coordinate the client's care with other entities involved in the client's service program. The findings include:
 - a. Client #1 was admitted to the assisted living facility on 10/18/12 with diagnoses that included depressive disorder, diabetes mellitus, malignant neoplasm of the prostate, hyperlipidemia, Parkinson's Disease, spinal stenosis, hypertension and hearing loss. The client service program for the period of 2/5/15 through 3/25/15 identified the need for total assistance with bathing, hygiene, dressing and set-up at meal times, with maximum assistance required from two persons for transfers using a mechanical lift. Client #1 also required medication pre-pour and medication reminders, and was at high risk for falls. Client #1 received services from a privately hired aide. The agency documentation indicated that on 3/1/15 at approximately 8pm, ALSA Aide #1 responded to a call bell (individual pendant call) from Client #1's apartment. Upon entering Client #1's apartment, ALSA Aide #1 found the Private Aide transferring Client #1 out of bed without using the mechanical lift in accordance with the plan of care. ALSA Aide #1 saw that the Private Aide was having trouble transferring the client without the mechanical lift, and ALSA Aide #1 call ALSA Aide #2 for assistance. According to ALSA Aide #1 in an interview on 8/19/15 at 10:20am, the Private Aide slapped ALSA Aide #1's arms, and said that additional help from ALSA Aide #2 was not needed. ALSA Aide #1 indicated that Client #1 was standing and facing the wheel chair with the client's hands on the armrest of the wheelchair, and the client wanted to go back to bed because the client was unable to move own body. ALSA Aide #1 heard the private Aide tell Client #1 "No you cannot sit down" and saw Private Aide #1 hit Client #1's hands and legs. The Private Aide further told ALSA Aide #1 to lift Client #1 in the wheelchair, which ALSA Aide #1 declined to do, saying that they needed help. According to the agency documentation, ALSA Aide #2 arrived and assisted ALSA Aide #1 and the Private Aide to transfer the client back to bed. Once outside the room, ALSA Aide #1 told ALSA Aide #2 that the Private Aide hit Client #1 and hit ALSA Aide #1, and ALSA Aide #1 showed the aide's reddened arms to ALSA Aide #2. According to Licensed Practical Nurse (LPN) #1 in an interview on 8/19/15 at 9:39AM, LPN #1 responded to a call over the walkie-talkie from Client #1's room on 3/1/15, and arrived to find Client #1 in bed, with the Private Aide standing next to the two ALSA Aides, and ALSA Aide #1's face appeared flushed and sweaty. LPN #1 reminded the Private Aide to always use the mechanical lift to transfer Client #1. Outside the room, ALSA Aide began to cry and tell LPN #1 how the Private Aide slapped ALSA Aide #1's arms, and LPN #1 noted how ALSA Aide #1's arms were reddened.

DATES OF VISIT: August 18 and 19, 2015

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

The ALSA documentation indicated that on 3/3/15, Client # 1 was interviewed by the ALSA staff about the incident, Client # 1 denied being hit by the Private Aide, and denied seeing the Private Aide hit ALSA Aide # 1. Client # 1 ended the interview by saying, "Don't get rid of (the Private Aide)."

In a telephone interview on 8/25/15 at 12:35PM, the Private Aide denied having hit Client # 1 or ALSA Aide # 1.

Interview and review of the agency documentation with the Executive Director and the SALSA on 8/19/15 failed to identify documentation of orientation provided to the Private Aide about Client # 1's plan of care and transfer needs, and/or failed to identify coordination of the client's care with other entities involved in the client's service program.

State of Connecticut Department of Public Health Plan of Correction
Community

Coachman Square at Woodbridge
Benchmark Senior Living BAL Woodbridge, LLC

Coachman Square Woodbridge

April 14, 2016

*POC
Accepted
Muhaw
4/18/16*

Alleged Violation 1:	Regulations of Connecticut State Agencies Section 19-13-D105 (h) Nursing Services provided by and assisted living services agency (3) (D) and/ or (K) Client services record (2) (K) Based on the clinical record review and staff interview, for on of the one client (Client #1) who required private aide services, the Assisted Living Services Agency (ALSA) failed to orient the involved in the client service program.
Measures to Prevent the Recurrence:	Any agency or individual providing private duty aide services will be given a copy of the resident's service plan and any updates to the service plan. The SALSA or designated RN will review the service plan with the Private Duty aide. The service plan will include <u>indicate that private duty services are being</u> provided.
Date Measures will be Effective	April 30, 2016
Person Responsible for Monitoring	SALSA or Designee
Violation 2:	
Measures to Prevent the Recurrence:	
Date Measures will be Effective	
Person Responsible for Monitoring	

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.

Nguyen, Loan

From: Gwendolyn Kaufman <gkaufman@benchmarkquality.com>
Sent: Thursday, April 14, 2016 3:14 PM
To: Nguyen, Loan
Cc: Mary lou Fahy; Raven Betancourt
Subject: Plan of Correction 4.14.2016
Attachments: POC CSW 4-14-16.doc

Please find our Plan of Correction for dated April 14, 2016. Please let me know if you have any questions.
Wendy

Wendy Kaufman LNHA
Executive Director

Coachman Square at Woodbridge
Benchmark Senior Living
21 Bradley Road
Woodbridge, CT 06525
O: 203-397-7544 | C: 203-895-4285 | Email gkaufman@benchmarkquality.com
Massachusetts | Maine | New Hampshire | Connecticut | Rhode Island | Vermont

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Nguyen, Loan

From: RAVEN BETANCOURT <nurseraven@icloud.com>
Sent: Thursday, April 14, 2016 2:01 PM
To: Nguyen, Loan
Subject: Violation plan of care for Coachman Square of Woodbridge
Attachments: POC CSW 4-14-16.doc; ATT00001.txt

Hello,
Enclosed is the plan of care for the violation for Coachman Square of Woodbridge. Any questions please contact me at 203-397-7544 or rbetancourt@benchmarkquality.com.

