

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

HEALTH CARE QUALITY AND SAFETY BRANCH

EMERGENCY TRANSFER OF PATIENTS PURSUANT TO CONN. GEN. STAT. § 19a-534

Issued To: 55 Kondracki Lane Operations LLC
d/b/a Quinnipiac Valley Center
License No. 2415
55 Kondracki Ln.
Wallingford, CT 06492-4951

Whereas, pursuant to Conn. Gen. Stat. § 19a-493, 55 Kondracki Lane Operations LLC ("Licensee") has been issued license No. 2415 by the Connecticut Department of Public Health ("Department") to operate a Chronic and Convalescent Nursing Home known as Quinnipiac Valley Center ("Facility"); and,

Whereas, Conn. Gen. Stat. § 19a-534 authorizes the Commissioner of Public Health ("Commissioner") to transfer patients from one nursing home facility to another nursing home facility, residential care home or hospital if the Commissioner determines that there is imminent danger to the health safety or welfare of any patient in any nursing home facility; and,

Whereas, on February 10, 2022, a Complaint Investigation Survey ("Survey") was conducted at the Facility. On March 1, 2022, the Department issue an amended deficiency letter and a Directed Plan of Correction ("DPOC") (Exhibit A, attached). The DPOC required, in part, that the Facility contract with a Temporary Manager; and,

Whereas, the results of the Survey, subsequent visits by the Department and the reports of the Temporary Manager indicate a pattern of deficiencies that constitute immediate jeopardy to the health and safety of its residents; and,



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Affirmative Action/Equal Opportunity Employer



Whereas, since her appointment, the Temporary Manager reported serious and continuing failures in health care practices by the Facility and its staff; and,

Whereas, since her appointment, the Temporary Manager filed reports which identified widespread and continuing facility problems in its performance of basic care delivery obligations; and,

Whereas, the Temporary Manager concluded that the Facility's inability to comply with the Amended DPOC and other state and federal requirements presented an imminent danger to the Facility's residents; and

Whereas, the Temporary Manager's reports demonstrate serious deficiencies at the Facility including deterioration of systems of accountability, staff education, the absence of controls and the absence of necessary staff which may result in serious harm to the residents and concludes that the Facility cannot be brought into compliance with regulatory requirements by the time permitted under federal law and the Department's Order; and,

Whereas, the Temporary Manager's reports indicated that:

1. There is a systemic problem with medication errors in that the errors are repetitive, significant and numerous;
2. Staff are not properly trained;
3. There is a lack of competent leadership;
4. There is a failure to report adverse incidents; and/or,
5. There are significant issues with infection control;

Whereas the foregoing reports of the Temporary Manager are consistent with the observations of Department staff who have been on site at the facility; and

Whereas, the Commissioner finds that violations of the Regulations of Connecticut State Agencies have occurred and are occurring at the Facility; and

Whereas, based on the foregoing, the Commissioner had determined that there is imminent danger to the health, safety, and welfare of patients in the Facility; and

Therefore, pursuant to the authority provided by the Connecticut General Statutes § 19a-534, the Commissioner **ORDERS** that the Licensee take the following actions:

1. Immediately and as soon as possible considering all relevant circumstances while maintaining the safety of the patients, and in consultation with the Department and under the direction and authority of the Temporary Manager, transfer all patients to appropriate licensed facilities or other appropriate locations.

Failure to comply with this Order will be cause for additional actions pursuant to state law and regulations which actions could include summary revocation or suspension of the Facility's license and/or all other available legal remedies.

Dated at Hartford, Connecticut this 14th day of March, 2022.



Manisha Juthani, MD
Commissioner
Connecticut Department of Public Health

Exhibit A

IMPORTANT NOTICE - PLEASE READ CAREFULLY

March 1, 2022

Dane Walton, Administrator
Quinnipiac Valley Center
55 Kondracki Lane
Wallingford, CT 06492

Dear Mr. Walton:

This is an amended version to the deficiency letter dated February 25, 2022.

On **February 10, 2022** a Complaint Investigation Survey was concluded at your facility by the State of Connecticut, Department of Public Health, Facility Licensing & Investigations Section to determine if your facility was in compliance with Federal requirements for nursing homes participating in the Medicare and Medicaid programs. This survey found the most serious deficiencies in your facility to be:

Isolated deficiencies that constitute immediate jeopardy to health and safety whereby significant corrections are required (J).

A revisit survey conducted on February 7 and February 11, 2022 determined the immediacy of the deficient practice that constituted Immediate Jeopardy had been removed, however, substantial non-compliance still exists. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

An Enforcement Cycle has been initiated based on the citation of deficiencies at a "D" level or greater at your facility. All statutory/mandatory enforcement remedies are effective based on the beginning survey of the Enforcement Cycle. Your Enforcement Cycle began with the *February 10, 2022* survey. All surveys conducted after *February 10, 2022* with deficiencies at a "D" level or greater become a part of this Enforcement Cycle. The enforcement cycle will not end until substantial compliance is achieved for all deficiencies from all surveys within an enforcement cycle. Facilities are expected to achieve and maintain continuous substantial compliance.

A Plan of Correction (POC) for the deficiencies must be submitted by the 10th day after the facility receives its Statement of Deficiencies (Form CMS-2567) through the ePOC website. Your POC serves as your written allegation of compliance. Failure to submit a signed and dated acceptable POC by **March 5, 2022** may result in the imposition of additional remedies by the 20th day after the due date for submission of a POC.

Each plan of correction must be written on the Statement of Deficiencies and submitted through the ePOC website, and must include identification of the staff member by title who has been designated the responsibility

for monitoring the individual plan of correction submitted for each deficiency. A completion date is required for each item for each deficiency and shall be documented in the designated column.

The plan of correction for each deficiency shall include the following components:

- **What correction action(s) will be accomplished for those residents found to have been affected by the deficient practice;**
- **How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;**
- **What measures will be put into place or systemic changes made to ensure that the deficient practice does not recur; and,**
- **How the facility will monitor its corrective action(s) to ensure that the deficient practice will not recur, (i.e., what quality assurance or other program will be put into place to monitor the continued effectiveness of the systemic change).**
- **Identify the staff member, by title, who has been designated the responsibility for monitoring the individual plan of correction for each deficiency and the completion date for each component.**

Your facility does not have an "opportunity to correct" the deficiencies noted prior to imposition of a remedy. However, deficiencies should be corrected by **March 24, 2022**.

SURVEY RESULTS

In accordance with Federal regulations at 42 CFR § 488.424, a Directed Plan of Correction is imposed on the facility.

Please note, if documentation includes any resident personal identifiable information (PII) or personal health information (PHI) it must be sent encrypted.

Imposition of this DPOC does not replace the requirement that the facility must submit a complete POC for all cited deficiencies within 10 days after receipt of the form CMS 2567.

Based on the deficiencies cited during your survey, we are recommending, as authorized by the CMS Regional Office, the following remedies:

- Directed plan of correction effective **March 1, 2022** (§488.424)
- Directed in-service training effective **March 1, 2022** (§488.425)

The remedies which will be recommended if substantial compliance has not been achieved by **May 11, 2022** include the following:

- Civil money penalty will be recommended.

The Facility shall:

1. Effective immediately, the Facility shall cease accepting all new admissions until such time approved by the Department, except that the Facility may accept residents who previously resided at the Facility and are returning from a hospital admission. Admissions shall not resume unless and until the Department has verified through onsite visits and all other information the Department deems relevant, that the Facility is in substantial compliance and is likely to maintain such compliance with all applicable state and federal statutes and regulations and with all applicable standards of care and the provisions of this DPOC.
2. The Facility shall contract with a Temporary Manager ("Manager") identified by the Department and shall contract with such Manager within 24 hours of receipt of this amended Directed Plan of Correction ("DPOC"). The Department must approve the contract with the Manager in writing prior to it being signed. The Facility shall provide to the Department a copy of the signed contract within one business day of executing the contract with an individual who will serve in the capacity of Manager. The Facility shall incur the cost of the Manager and any other costs associated with compliance with this DPOC. Failure to pay the Manager in a timely basis and in accordance with the contract, as determined by the Department in its sole and absolute discretion, shall constitute a violation of this DPOC and shall constitute grounds to recommend termination of the Facility's provider agreement with the Centers for Medicare and Medicaid Services. The authority of the Manager is in effect on the day the contract is fully executed.
3. The Manager shall have the duties set forth in 42 CFR 488.415, including but not limited to, the authority to hire, terminate or reassign staff, obligate Facility funds, alter Facility procedures, and manage the Facility to correct deficiencies identified in the Facility's operation and manage the Facility to ensure it is in compliance with all standards of care and all federal and state laws and regulation. The Manager shall oversee all operations of the Facility. Facility owners shall relinquish authority for all operations and shall guarantee all facility expenses under Temporary Management. Failure to satisfactorily fund shall constitute a violation of this DPOC and shall constitute grounds to recommend termination of the Facility's provider agreement with the Centers for Medicare and Medicaid Services.
4. The Manager shall have exclusive control of all aspects of the Facility's business, including personal property, tangibles, and intangibles of all kinds, including leases and licenses; the Manager will treat pre-effective date debts on the same basis as post effective date debts subject to assuring that the needs of residents and payroll get first priority.
5. The Manager shall be a licensed nursing home administrator who holds a current and unrestricted license in Connecticut. The position of Manager shall not count towards meeting any staffing requirements of the regulations of Connecticut State agencies. The Manager shall provide services until such time the facility is in substantial compliance with Medicare and Medicaid requirements for participation for long term care facilities, 42 CFR part 483, subpart B as determined by the Department and its sole and absolute discretion.
6. The Manager shall be present at the Facility a minimum of forty (40) hours per week and arrange his or her schedule in order to be present at the Facility at various times on all three shifts including holidays and weekends. The terms of the contract executed with the Manager shall include all

provisions contained in this DPOC that describe the duties and authority of the Manager.

7. The Manager shall act and perform the duties assigned herein at all times to serve the interest of the Department in assuring safety, welfare and well-being of the residents and to secure compliance with applicable federal and state law and regulations and all other applicable standards of care and shall not accept any direction or suggestion from the Facility or its employees that will deter or interfere with fulfilling this obligation.
8. The Manager shall immediately conduct a comprehensive review of the staffing at the Facility to identify staffing levels appropriate to meet the needs of the residents in accordance with each individualized resident assessment. The Manager shall take all steps necessary to fill vacant positions to ensure adequate and qualified staff are on site to meet the needs of the residents served. Active recruitment efforts shall be initiated to ensure that all vacant positions are filled.
9. The Manager shall have the authority to hire, terminate or reassign staff; enter into contracts on behalf of the Facility; exclusive authority to obligate Facility funds; alter, develop, and implement Facility policy and procedures; and otherwise manage the Facility. The Manager shall be provided full access to Facility funds and financial information and or internal controls relating to resident fund accounts receivable, cash receipts, accounts payable, cash disbursements, and payroll records. The Manager shall have access to all areas of the Facility at all times, seven days a week and 24 hours per day. The Facility agrees to provide to the Manager all security codes, maintenance records, contracts and leases and any other documents the Manager requests. The Facility agrees to cooperate with the Manager in all respects. The Facility's failure to cooperate with the Manager, as determined by the Department in its sole and absolute discretion, shall constitute a violation of this DPOC.
10. The Manager shall assist the Facility in development of a plan of correction specific to survey-inspection visits that commenced on February 3, 2022 during which the Department identified significant noncompliance, and oversee corrections of noncompliance with federal and state laws and regulations and applicable standards of care to assure the health and safety of the residents served.
11. The Manager shall conduct and submit to the Department an initial assessment of the Facility's compliance with federal and state laws and regulations and applicable standards of care related to long term care and identify areas requiring remediation within two weeks of the date of this DPOC. The Manager shall contract with individuals as necessary to comply with this provision. During the initial assessment, if the Manager identifies any issues requiring immediate attention, he/she shall immediately notify the Department and the Facility for appropriate response.
12. The Manager shall confer with all staff determined by the Manager to be necessary to the assessment of resident services and the Facility's compliance with state statutes and regulations. The Manager may choose who attends such meetings. The Manager may exclude Facility owners or their representatives from such meetings.
13. The Manager shall make recommendations or direct actions to be taken to the Facility for improvement in the delivery of resident care in the Facility which shall be implemented by the

Facility and its employees. If the Facility objects to the Manager's recommendations or actions, after notifying the Department and the Manager of the basis for such objection, the Department shall make a final determination which shall be binding on the Facility.

14. The Manager shall submit bi-weekly to the Department documenting:
 - a. The Managers assessment of the current services provided to the residents;
 - b. The Facility's compliance with applicable state and federal statutes and regulations and all applicable standards of care; and,
 - c. Any recommendations made by the Manager and the facilities response to implementation of the recommendations.
15. Copies of all Manager reports shall be provided simultaneously to the Facility and the Department.
16. The Manager shall have the responsibility for assessing and/or contracting with individuals qualified to conduct the following:
 - b. Assessing, monitoring and evaluating the delivery of direct resident care with particular emphasis on infection control and managing residents with COVID-19 or presumptive for COVID-19, resident rights, nutritional services, quality of care and life with a focus of management of residents with a diagnosis of diabetes;
 - b. Assessing, monitoring and evaluating the coordination of resident care and services provided and delivered; and,
 - c. Monitoring the continued implementation of the facilities plan of correction submitted in response to the federal deficiencies and state violations.
17. The Facility and Manager shall meet with the Department every two weeks after the effective date of this DPOC or until such time, through an onsite visit conducted by the Department, substantial compliance with state and federal laws has been identified by the Department in its sole and absolute discretion. The meetings shall include discussions of issues related to the care and services provided by the Facility and the Facility's compliance with applicable state and federal statutes and regulations and with all applicable standards of care.
18. Any records maintained in accordance with any federal or state law or regulation or as required by this DPOC shall be made available to the Manager and the Department, upon request.
19. The Department shall retain the authority to extend the period of the Manager, should the Department determine in its sole and absolute discretion, that the Facility is not able to maintain substantial compliance with state and federal laws and regulations and with all applicable standards of care. The determination of substantial compliance with federal and state laws and regulations and all applicable standards of care will be based upon findings generated as a result of onsite inspections conducted by the Department and all other information the Department deems relevant.
20. If the Facility fails to relinquish authority to the Manager as described in this DPOC, the Department as the state survey agency shall recommend to the Centers for Medicare and Medicaid Services that

the provider agreement be terminated in accordance with 42 CFR § 488.456. This paragraph shall not be deemed to limit the Department's legal remedies in any way for failure of the Facility to relinquish authority as described in this DPOC.

21. The Governing Body, under the direction of the Manager shall review the deficiencies and review and revise policies and procedures as necessary within 14 days of this letter.
22. Under the direction of the Manager, the Staff Development Coordinator, Infection Preventionist, Nursing Home Administrator, Director of Nursing, Director of Dietary Services, and Medical Director, shall be part of the development and implementation of the DPOC.
23. The Facility shall in-service all staff regarding the policies and procedures and revisions as applicable related to cohorting of residents, posting appropriate signage for residents requiring precautions, staff communication of residents with infectious diseases with appropriate precautions in place, donning and doffing appropriate Personal Protective Equipment ("PPE") while working in the Facility in accordance with the Centers for Disease Prevention and Control ("CDC") guidelines, blood glucose monitoring in accordance with current standards of care, medication administration in accordance with physician orders, physical notification when medications are not available for administration, and policies and procedures related to neglect.
24. All elements noted in paragraphs twenty one (21), twenty two (22), and twenty three (23) shall be implemented within 14 days of this DPOC.
25. The Manager shall oversee the implementation of this DPOC.
26. The Facility shall, in collaboration with the Facility's Consulting Pharmacist, conduct a medication administration oversight observation weekly to ensure compliance with residents' plans of care. Such oversight observation shall occur during different administration times and days, including weekend and holidays.
27. The Facility shall execute a contract with an Independent Nurse Consultant credentialed in Infection Control ("INC") pre-approved in writing by the Department within two (2) weeks of receipt of this DPOC. The INC shall report directly to the Manager and the Department. The INC's duties shall be performed by a single individual unless otherwise approved by the Department. The Facility shall incur the cost of the INC and any other costs associated with compliance with this DPOC. Failure to pay the INC in a timely basis and in accordance with the contract, as determined by the Department in its sole and absolute discretion, shall constitute a violation of this DPOC.
28. The INC shall be a registered nurse who holds a current and unrestricted license in Connecticut. The registered nurse assuming the functions of the INC shall not be included in meeting the nurse staffing requirements under state law. The INC shall provide consulting services for a minimum of three (3) months at the Facility, unless the Department identifies through inspections or any other information that the Department deems relevant that a longer time period is necessary, to ensure substantial compliance with applicable federal and state statutes and regulations. The INC shall be present at the Facility forty (40) hours per week and arrange his/her schedule in order to be present at the Facility at various times on all three shifts including holidays and weekends. The Department will evaluate the hours of the INC at the end of the three (3) month period and may, in its sole and absolute discretion, reduce or increase the hours of the INC and/or responsibilities, if the Department determines, based upon any information it deems relevant, that the reduction or increase is warranted. The terms of the contract executed with the INC shall include all pertinent provisions contained in this DPOC. The Department shall base any decision regarding a reduction in the hours

of services of the INC upon onsite inspections conducted by the Department and based on all other information the Department deems relevant. The INC's duties and responsibilities and the INC's time period shall not be based upon the presence of a Manager.

29. The INC shall act and perform the duties assigned herein at all times to serve the interest of the Department in assuring the safety, welfare, and well-being of the residents and to secure compliance with applicable federal and state law and shall not accept any direction or suggestion from the Facility or its employees that will deter or interfere in fulfilling this obligation.
30. The INC shall conduct and submit to the Department an initial assessment of the Facility's regulatory compliance related to infection control and identify areas requiring remediation within two (2) weeks after the execution of this DPOC. During the initial assessment, if the INC identifies any issues requiring immediate attention, s/he shall immediately notify the Department, the Manager and the Facility for appropriate response.
31. The INC shall confer with the Manager, Facility's Administrator, Director of Nursing Services, Medical Director, and other staff determined by the INC to be necessary to the assessment of nursing services and the Facility's compliance with federal and state statutes and regulations related to infection prevention and control.
32. The INC shall submit written reports every two weeks to the Department and the Manager documenting:
 - a. The INC's assessment of the care and services provided to residents related to infection control;
 - b. Whether the Facility is in compliance with applicable federal and state statutes and regulations and CDC guidance; and,
 - c. Any recommendations made by the INC and the Facility's response and implementation of the recommendations.
33. Copies of all INC reports shall be simultaneously provided to the Manager, Director of Nurses, Administrator, Medical Director, and the Department.
34. The INC shall have the responsibility for: Assessing, monitoring, and evaluating the delivery of direct resident care with particular emphasis and focus on the delivery of nursing services by registered nurses, licensed practical nurses, and nurse aides related to infection prevention and control and COVID-19, and implementing prompt training and/or remediation in any area in which a staff member demonstrated a deficit. Records of said training and/or remediation shall be maintained by the Facility for review by the Department.
35. The Facility shall designate a registered nurse as the infection control nurse to be responsible for the day to-day operation of an infection control and surveillance program for a minimum of forty (40) hours per week under the direction of the infection control committee.
36. The Infection Control Nurse's responsibility is to implement an infection prevention, surveillance and control program compliant with federal and state law which shall have as its purpose the protection of patients and personnel. The registered nurse hired for this position must hold a current and unrestricted license in Connecticut and have expertise and experience specific to infection control. The Infection Control Nurse shall also be responsible for staff education in the area of

infection control. The Infection Control Nurse, under the direction of the Manager, and in conjunction with the Director of Nurses, Medical Director and Administrator shall implement a mechanism to ensure that each patient with an infection is properly identified and receives the appropriate care and services pertinent to the identified infection. The Infection Control Nurse shall ensure the following:

- a. Maintaining an effective infection control program;
- b. Reviewing the Facility's policies/procedures pursuant to infection control prevention, with the Director of Nurses, Medical Director and Administrator and revise as necessary;
- c. In-servicing all staff regarding infection control principles and practices;
- d. Evaluating patients on admission to determine the existence of an infection;
- e. Developing of policies and procedures relative to assessing for appropriate room, roommate and isolation protocols;
- f. Accurate line listings of patient infections to include date of onset of infection, type of infection, site of infection, treatment, room location and any culture/lab results; and
- g. Ongoing surveillance of the environment, including but not limited to, evaluation of staff on a routine basis, on all three shifts, including weekends and holidays regarding the implementation of infection control techniques.

37. The Manager shall ensure substantial compliance with the following:

- a. Sufficient nursing personnel are available to meet the needs of the patients;
- b. Patients are clean, comfortable and well-groomed;
- c. Patient treatments, therapies and medications are administered as prescribed by the physician and in accordance with each patient's comprehensive care plan;
- d. Patient assessments are performed in a timely manner and accurately reflect the condition of the patient;
- e. Each patient care plan is reviewed and revised to reflect the individual patient's problems, needs and goals, based upon the patient assessment and in accordance with applicable federal and state laws and regulations;
- f. Nurse aide assignments accurately reflect patient needs;
- g. Each patient's nutritional and hydration needs are assessed and monitored in accordance with his/her individual needs and plan of care;
- h. The personal physician or covering physician is notified in a timely manner of any significant changes in patient condition including, but not limited to, decline in skin integrity, presence of any infection, and deterioration of mental, physical, nutritional and/or hydration status. In the event that the personal physician does not adequately respond to the patient's needs or if the patient requires immediate care, the Medical Director is notified;
- i. Patients with pressure sores and/or impaired skin integrity are provided with the necessary care to treat and prevent pressure sores and/or impaired skin integrity. Wounds, including pressure sores, are monitored and assessed in accordance with current regulations and standards of practice;
- j. Patients who smoke shall be assessed and provided the appropriate level of supervision in accordance with the smoking assessment;
- k. Necessary supervision and assistive devices are provided to prevent accidents;
- l. Patient injuries of unknown origin are thoroughly investigated, tracked, and monitored; and
- m. Linen is in good condition and adequate in supply to meet the needs of the patients.

38. In addition to the DPOC, the Facility shall conduct a Root Cause Analysis ("RCA") of the identified

deficiencies. The RCA can assist with performing a systemic review of deficiencies identified. It should consider physical, human, and organizational causes; identify the root cause resulting in the Facility's failure, including asking the Who, What, Where, When, and Why questions which can be done by conducting internal investigations; and develop solutions and systemic changes that need to be taken to address the root cause.

39. The Facility shall appoint a free-floating Registered Nurse Supervisor on all three (3) shifts. The primary responsibility of the Registered Nurse Supervisors shall be the assessment of patients and the care provided by nursing staff. Nurse supervisors shall maintain a record of any patient related issue(s) or problem(s) identified on his or her shift and a notation as to the subsequent action taken to resolve the problem(s). Such records shall be made available to the Department upon request.
40. Individuals appointed as Nurse Supervisor shall not carry a patient assignment and shall have previous experience in a supervisory role.
41. Nurse Supervisors shall be provided with the following:
 - a. A job description which clearly identifies the supervisor's day-to-day duties and responsibilities;
 - b. A training program which clearly delineates each Nurse Supervisor's responsibilities and duties with respect to patient and staff observations, interventions and staff remediation, with such training being documented by the Facility;
 - c. Nurse Supervisors shall be supervised and monitored by a representative of the Facility's Administrative Staff, (e.g., Director of Nursing Services or Assistant Director of Nursing Services) to ensure the Nurse Supervisors are functioning in accordance with this DPOC and state and federal requirements. Said administrative supervision and oversight shall be provided on all three (3) shifts on an irregular schedule of visits. Records of such administrative visits and supervision shall be retained for a period of five (5) and available for the Department's review upon request; and
 - d. Nurse Supervisors shall be responsible for ensuring that all care is provided timely to patients by all caregivers and is in accordance with individual comprehensive care plans.
42. The Facility shall maintain a minimum nurse aide staffing ratios as follows:
 - a. 1st shift – eight (8) patients to one (1) nurse aide.
 - b. 2nd shift – ten (10) patients to one (1) nurse aide.
 - c. 3rd shift – fifteen (15) patients to one (1) nurse aide.
43. The Facility shall maintain minimum licensed nursing staffing ratios as follows:
 - a. 1st shift – twenty-five (25) patients to one (1) licensed nurse.
 - b. 2nd shift – twenty-five (25) patients to one (1) licensed nurse.
 - c. 3rd shift – twenty-five (25) patients to one (1) licensed nurse.
44. Effective immediately, daily rounds shall be conducted by the DNS and Free-Floating Supervisor at which time all patients shall be observed for appropriate grooming, hygiene, positioning and care needs, changes in condition and infection control monitoring. Documentation shall be maintained of any problems identified along with interventions instituted to correct said problems and available for review by the Department. Documentation of all such rounds shall be maintained at the Facility.

45. Effective immediately, the Administrator shall conduct a daily round on all patient units and provide patients and families with the opportunity to discuss concerns relative to the nursing home and the provision of care/service. Documentation shall be maintained of any problems identified along with interventions instituted to correct said problems and available for review by the Department.
46. The Facility shall establish a Quality Assessment and Performance Improvement Program ("QAPI") to review patient care issues. The members of the QAPI shall meet at least monthly to review and address the quality of care provided to patients and, if applicable, implement remediation measures. Membership shall at a minimum, include the Manager, Administrator, Director of Nurses, Infection Control Nurse, Nurse Supervisors, and the Medical Director. Minutes of the QAPI meetings shall be kept for a minimum of three (3) years and made available for review upon request of the Department.
47. A Quality Assurance Performance Improvement Program shall be instituted by the Facility, which will identify a Quality Assurance Performance Improvement Committee, consisting of, at least, the Manager, Facility Administrator, Director of Nurses and Medical Director. The Committee shall meet at least once every thirty (30) days to review all reports or complaints relating to patient care and compliance with federal state laws and regulations. The INC and the Manager shall have the right to attend and participate in all Committee meetings and to evaluate and report on the design of the quality assurance programs implemented by the Committee. The activities of the Quality Assurance Performance Improvement Committee shall include, but not be limited to, assessing all residents to identify appropriateness of care and services, determination and adoption of new policies to be implemented by Facility staff to improve patient care practices, and routine assessing of care and response to treatment of patients affected with pressure sores and/or infections. In addition, this Committee shall review and revise, as applicable infection control policies and procedures and monitor their implementation. The Committee shall implement a quality assurance program that will measure, track and report on compliance with the requirements of this DPOC. The Committee shall measure and track the implementation of any changes in the Facility's policies, procedures, and allocation of resources recommended by the Committee to determine compliance with and effectiveness of such changes. A record of quality assurance meetings and subject matter discussed will be documented and available for review by the Department. Minutes of all such meetings shall be maintained at the Facility for a minimum period of five (5) years.
48. Within fourteen (14) days of the effective date of this DPOC, the Facility shall incorporate into its Quality Assessment and Performance Improvement Program ("QAPI") a method to monitor implementation of the requirements of the DPOC and those recommendations implemented as a result of the Manager and INC assessment. A report on such measures shall be presented every three months to Medical Staff and Nursing Staff.
49. The Facility shall not implement any new patient care services including, but not limited to, short term subacute care, units specializing in the care of diagnostic groupings or an age specific population without first receiving approval from the Department.
50. The Facility shall be precluded from selling the Facility to any individual or entity without the prior approval of the Department and shall provide such information and/or documentation regarding any such sale that the Department in its discretion deems necessary to approve the new operator or owner

of the Facility.

51. All reports pertinent to this document shall be sent to:

Maureen Golas-Markure, R.N., Supervising Nurse Consultant
Department of Public Health
Facility Licensing and Investigations Section
410 Capital Avenue, MS #12HSR
Hartford, CT 06134

Based on the deficiencies cited during your survey, we are recommending to the Centers for Medicare and Medicaid Services (CMS) Regional Office and/or the State of Connecticut Department of Social Services that:

A "per-instance" civil money penalty will be recommended to the CMS Regional Office. If the Regional Office and/or the State of Connecticut Department of Social Services decides to impose the recommended civil money penalty, a notice of imposition will be sent to you.

If you do not achieve substantial compliance within 3 months after the last day of the survey identifying noncompliance, the CMS Regional Office and/or the State of Connecticut Department of Social Services must deny payments for new admissions.

We are also recommending to the CMS Regional Office and/or the State of Connecticut Department of Social Services that your provider agreement be terminated on **August 9, 2022** if substantial compliance is not achieved by that time.

Your facility's deficiencies with the following 483.10, Notification of Changes, 483.12, Freedom from Abuse, 483.25, Quality of Care, 483.45, Free from Significant Medication Errors, 483.70, Medical Director, and 483.80, Infection Control, regulations have been determined to constitute substandard quality of care as defined at §488.301. Sections 1819(g)(5)(C) and 1919(g)(5)(C) of the Social Security Act and 42 CFR §488.325(h) require that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. In order for us to satisfy these notification requirements, and in accordance with §488.325(g), you are required to provide the following information to this agency within 10 working days of receipt of this letter:

- The name, address, and the email of the attending physician of each resident found to have received substandard quality of care.

Please note that, in accordance with §488.325(g), failure to provide this information timely will result in termination of participation or imposition of alternative remedies.

In addition, when a determination of substandard quality of care is made and a facility has been subject to an extended or partial extended survey, Sections 1819(f)(2)(B)(iii) and 1919 (f)(2)(B)(iii), as well as 42 CFR 483.151(b)(2) and 483.151(e), require denial or withdrawal of approval of facility-based Nurse Aide Training and Competency Evaluation Programs.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with separate formal notification of that determination.

Allegation of Compliance

The Plan of Correction serves as your allegation of compliance. We may accept the written allegation of compliance and presume compliance until substantiated by a revisit or other means.

If, upon the subsequent revisit, your facility has not achieved substantial compliance, we will recommend that additional remedies be imposed by the CMS Regional Office and/or the State of Connecticut Department of Social Services beginning on **February 10, 2022** and to continue until substantial compliance is achieved. Additionally, the CMS Regional Office and/or the State of Connecticut Department of Social Services may impose a revised remedies, based on changes in the seriousness of the noncompliance at the time of the revisit, if appropriate.

Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of Substandard Quality of Care (SQC) or immediate jeopardy. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies (or why you are disputing the scope and severity assessments of deficiencies which have been found to constitute SQC or immediate jeopardy), to this office. This request must be sent during the same 10 day period you have for submitting a POC for the cited deficiencies **through the ePOC website (as an attachment)**. **Please do not mail.** Informal dispute resolution may be accomplished by telephone, review of submitted documentation or a meeting held at the Department. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Informal dispute resolution in no way is to be construed as a formal evidentiary hearing. It is an informal administrative process to discuss deficiencies. If you will be accompanied by counsel, you must indicate this in your request for informal dispute resolution. You will be advised in writing of the decision related to the informal dispute.

Please return your response to the Supervising Nurse Consultant through the ePOC website and direct your questions regarding the deficiencies and any questions concerning the instructions contained in this letter to the Supervising Nurse Consultant at (860) 509-7400.

Sincerely,

Maureen Golas Markure, SNC
Maureen Golas Markure MSN, RN, SNC
Supervising Nurse Consultant
Facility Licensing & Investigations Section

cc: CMS Regional Office
State of Connecticut Department of Social Services

Enclosure
Complaint CT #'s 31621 and #31645

IMPORTANT NOTICE - PLEASE READ CAREFULLY
This is an amended letter to the letter sent 2/25/22

March 1, 2022