

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

IN RE: Rushford Center, Inc. of Meriden, CT d/b/a
 Rushford Center, Inc.
 1250 Silver Street
 Middletown, CT 06457

MODIFIED CONSENT ORDER

WHEREAS, Rushford Center, Inc. (hereinafter the “Licensee”), has been issued License # SA0090 to operate a Facility for the Care and Treatment of Substance Abusive or Dependent Persons under Connecticut General Statutes 19a-490 by the State of Connecticut Department of Public Health (hereinafter the “Department”); and

WHEREAS, the Facility Licensing and Investigations Section (hereinafter “FLIS”) of the Department conducted unannounced inspections on various dates commencing on March 14, 2007 and concluding on June 27, 2007; and

WHEREAS, the Department’s inspections identified violations of the Connecticut General Statutes and/or Regulations of Connecticut State Agencies in an amended violation letter dated November 6, 2007 (Exhibit A – copy attached); and

WHEREAS, the Licensee executed a Consent Order with the Department on November 9, 2006, (Exhibit B – copy attached) which shall be incorporated and made part of this Modified Consent Order; and

WHEREAS, the Licensee is willing to enter into this Modified Consent Order and agrees to the conditions set forth herein.

NOW THEREFORE, the FLIS of the Department acting herein and through Joan Leavitt, its Section Chief, and the Licensee, acting herein and through Jeffrey Walter, its Executive Director, hereby stipulate and agree as follows:

Licensee: Rushford Center, Inc of Meriden, CT.

1. The Licensee shall, within two (2) weeks of the effective date of the Modified Consent Order, contract with a registered nurse who holds a current and unrestricted license in Connecticut and has significant psychiatric and substance abuse treatment experience and who is acceptable to the Department to act as an Independent Nurse Consultant (INC). The INC's duties shall be performed by a single individual unless otherwise approved by the Department.
2. The INC shall function in accordance with FLIS' INC Guidelines (Exhibit C – copy attached). The Registered Nurse assuming the functions of the INC shall not be included in meeting the nurse staffing requirements of the Regulations of Connecticut State Agencies.
3. The INC shall serve in a said position for a minimum of six (6) months at the Facility unless the Department identifies through inspections that a longer time period is necessary to ensure substantial compliance with applicable state statutes and regulations. The INC shall be at the Facility twenty-six (26) hours per week and shall arrange his/her schedule in order to be present at the Facility at various times on all three shifts, as applicable, including holidays and weekends. The Department will evaluate the hours of the INC at the end of the six (6) month period and may, in its discretion, reduce or increase the hours of the Independent Nurse Consultant and/or responsibilities, if the Department determines the reduction or increase is warranted. The terms of the contract executed with the Independent Nurse Consultant shall include all pertinent provisions contained in this Modified Consent Order. Costs incurred as a result of the contract between the Licensee and the INC shall be assumed by the Licensee. After the first three months of the contract with the INC, the Licensee may request that the Department reduce the minimum hours set forth in this section. The Department shall base its decision regarding a reduction in the hours of services of the INC upon onsite inspections conducted by the Department.
4. The INC shall have a fiduciary responsibility to the Department.
5. The INC shall conduct and submit to the Department an initial assessment of the Licensee's regulatory compliance and identify areas requiring remediation within two (2) weeks after the execution of the contract with the INC approved by the Department.

Licensee: Rushford Center, Inc of Meriden, CT.

6. The INC, the Executive Director, Medical Director and Director of Nursing shall meet every two weeks for the first three months and monthly thereafter to discuss issues related to the care, services, assessments, treatment plans, client safety and compliance with applicable statutes and regulations. The Facility shall maintain minutes of said meetings inclusive of problems and approaches to issues discussed.
7. The INC shall make recommendations to the Licensee's Executive Director, Director of Nursing Services, Director of Clinical Services and Medical Director for improvement in the delivery of direct client care in the Facility. If the INC and the Licensee are unable to reach an agreement regarding the Independent Nurse Consultant's recommendation(s), the Licensee shall submit in writing to the Department and INC the reasons for the Licensee's refusal to comply with the recommendations. Upon review, the Department shall make a final determination, which shall be binding on the Licensee.
8. The INC shall submit bi-weekly written reports to the Department documenting:
 - a. the INC's assessment of the care and services provided to clients;
 - b. the Licensee's substantial compliance with applicable State laws and regulations; and
 - c. any recommendations made by the INC and the Licensee's response to said recommendations.
9. Copies of all INC reports shall be simultaneously provided to the Director of Nursing Services, Executive Director, Medical Director and the Department.
10. The INC shall have the responsibility for:
 - a. Assessing, monitoring, and evaluating the delivery of direct client care with particular emphasis and focus on the delivery of nursing services by registered nurses, licensed practical nurses, direct care staff, clinical staff, and mental health workers 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 Licensee for review by the Department;
 - b. Recommending to the Department an increase in the Independent Nurse Consultant's contract hours if the INC is unable to fulfill the responsibilities within the stipulated hours per week;

Licensee: Rushford Center, Inc of Meriden, CT.

- c. Monitoring the continued implementation of the Licensee's plan of correction submitted in response to the violation letter dated July 25, 2007 (copy attached);
and
 - d. Review of policies and procedures for monitoring clients in the acute detoxification program.
11. The Department shall retain the authority to extend the period the INC functions are required, should the Department determine that the Licensee is not able to maintain substantial compliance with state laws and regulations. Determination of substantial compliance with State laws and regulations will be based upon findings generated as the result of onsite inspections conducted by the Department.
 12. The INC, the Licensee's Executive Director, Director of Clinical Services and the Director of Nursing Services shall meet with the Department every six (6) weeks throughout the tenure of the INC. The meetings shall include discussions of issues related to the care and services provided by the Licensee and the Licensee's compliance with applicable state statutes and regulations.
 13. Any records maintained in accordance with any state law or regulation or as required by this Modified Consent Order shall be made available to the INC and the Department, upon request. To the extent permitted by law, the INC(s) shall have access to any and all documents maintained by the Facility including but not limited to medical records, investigations, quality assurance/quality improvement meetings, personnel files and shall have the authority to interview staff. Documents protected under the attorney client privilege or which constitute attorney work product will not be accessible to the INC or the Department. Any refusal to permit access by the INC to a document shall be provided in writing with the legal basis for refusal of access sent to the Department and the INC.
 14. The Licensee shall within fourteen (14) days of the execution of this Modified Consent Order submit to the Department written confirmation that it has reviewed the current client assessment policy and procedure and revised said policy and procedure as necessary to comply with applicable State laws and regulations to include, but not be limited to a comprehensive assessment of current client problems, substance

Licensee: Rushford Center, Inc of Meriden, CT.

abuse/psychiatric/medical/social histories, medications stressors and behavioral issues that may affect the client's recovery.

15. The Licensee shall within eighteen (18) days after the execution of this Modified Consent Order submit to the Department written confirmation that it has reviewed and revised, if necessary, to comply with applicable State laws and regulations, the Licensee's current policies and procedures relative to individualized program plans. Individual program plans shall identify treatment modalities, staff disciplines involved in the treatment plan, individual client problems (e.g. substance abuse, psychiatric, medical and social), goals and approaches.
16. The Licensee shall maintain a staffing system based upon client acuity which identifies the number and qualifications of nursing and ancillary staff necessary to meet the needs of clients housed in the Facility and to comply with applicable State laws and regulations. The Licensee, within fourteen (14) days of the execution of this Modified Consent Order, shall submit to the Department written confirmation that it has made any changes to its staffing system as may be necessary to comply with this requirement.
17. Within thirty (30) days of the execution of the Modified Consent Order, the Licensee shall submit to the Department written confirmation that it has reviewed and revised, if necessary, written nursing and ancillary staff policies and procedures inclusive of but not limited to, physician's orders, physical assessments, monitoring of patients who exhibit physical symptoms (e.g. respiratory, abdominal etc.) and documentation of said assessments and subsequent interventions.
18. The Licensee shall not have agency nurses in charge of the Facility unless said agency nurses have had completed the same orientation as provided to the employees of the Facility. The Facility shall maintain documentation of said orientation.
19. The Licensee's Performance Improvement (Quality Assurance) Program shall, within fourteen (14) days of the execution of this Modified Consent Order, be revised, as necessary to include, but are not limited to assessing all incidents which have occurred in the Facility, to identify all situations/practices which have a potential for risk of harm and to determine what preventive measure(s) shall be implemented by staff, and adopting or revising policies, as necessary, to be implemented by staff to ensure that client care practices are in compliance with applicable State laws and regulations.

Licensee: Rushford Center, Inc of Meriden, CT.

- Establishment of in-service education programs for licensed and unlicensed personnel which shall reflect topics pertinent to those identified by the Performance Improvement Committee. Membership shall include the Executive Director, Director of Clinical Services, Director of Nurses, Clinical Supervisors, Nurse Supervisors, and the Medical Director. Minutes of the QAP meetings shall be kept for a minimum of three (3) years and made available for review upon request of the Department.
20. Within thirty (30) days of the effective date of this Modified Consent Order the Medical Director with advice from the INC(s) shall issue to each physician who is a member of the Facility's medical staff, a document that delineates the physician's obligations and responsibilities to their individual clients and to the Facility's nursing staff.
 21. The Licensee's Medical Staff and Board of Directors shall review and approve any policy or procedure which is revised as a result of this Modified Consent Order within sixty (60) days of said revisions.
 22. The Facility shall conduct within thirty (30) days of the execution of the Modified Consent Order in-service programs for all direct care and clinical staff regarding the components of this Modified Consent Order and changes in policy and procedures.
 23. The Licensee represents, stipulates and agrees that at all times it will ensure that each client has a nursing assessment and treatment plan developed upon admission to meet the immediate acute needs of the patient and within twenty-four (24) hours of admission develop a comprehensive individualized program plan which is based upon the comprehensive assessment. The individualized program plan shall be reviewed and revised, as necessary to comply with applicable State laws and regulations.
 24. Each Nurse Supervisor and Charge Nurse shall receive a job description that clearly reflects his/her duties and responsibilities.
 25. Either the Medical Director, Executive Director or Director of Nurses shall initiate random unannounced onsite visits (inclusive of evenings, nights and all weekend shifts) to evaluate the quality of care and services provided. Said evaluation shall occur at least four (4) times monthly. Documentation of areas reviewed and findings shall be made available to the Department and the Independent Nurse Monitor. Said documentation shall be maintained for a minimum of three (3) years.

Licensee: Rushford Center, Inc of Meriden, CT.

26. The Licensee shall employ sufficient personnel to monitor and meet the physical, safety psychiatric and recovery needs of the client population in accordance with applicable State laws and regulations. The Licensee shall determine staff assignments in a manner that ensures continuity of care for the client population. Direct care staff shall be provided with assignment sheets that clearly reflect the clients' needs inclusive of approaches to problems, monitoring, etc. Said assignments shall be updated as the needs of the patient change.
27. Effective upon the execution of this Modified Consent Order, the Licensee, through its Governing Body, Executive Director, Medical Director, Director of Nursing Services and Director of Clinical Services shall ensure substantial compliance with the following:
 - a. Client treatments, therapies and medications are administered/delivered as prescribed by the physician and in accordance with each client's comprehensive treatment plan;
 - b. Ongoing client assessments are performed in a timely manner and accurately reflect the condition of the client;
 - c. Medications and/or treatments are administered only with an order from a licensed practitioner with the statutory authority to do so;
 - d. Each client care plan is developed, reviewed and revised to reflect the individual client's problems, needs and goals, based upon the client assessment and in accordance with applicable federal and state laws and regulations;
 - e. Staff assignments accurately reflect client needs;
 - f. Programming including group sessions are directed by qualified personnel;
 - g. The personal physician or covering physician is notified in a timely manner of any significant changes in client condition including, but not limited to, deterioration of mental and/or physical status, a change in behavior, a decline and/or request for a change in frequency of services and non-compliance with the treatment plan. In the event that the personal physician does not adequately respond to the client's needs or if the client requires immediate care, the Medical Director is notified;
 - h. Provide necessary supervision and services to prevent untoward events;

Licensee: Rushford Center, Inc of Meriden, CT.

- i. Policies and procedures related to nursing assessment and care, treatment plan development, clinical services, request for services, discharge, benefit, investigation and physician notification will be reviewed and revised as necessary;
 - j. Accidents and incidents are thoroughly investigated, tracked, and monitored and reported as required by State laws and regulations;
 - k. Assessments, care and treatment are carried out in accordance with current standards;
 - l. Physician's telephone orders are accepted according to professional standards;
 - m. Medications and treatments are ordered by qualified individuals;
 - n. Documentation is complete and maintained to provide the necessary care and services and in accordance with applicable federal and state laws and regulations; and
 - o. Physician's orders are clear and concise.
28. The Licensee, within seven (7) days of the execution of this document, shall designate an individual within the Facility to monitor the requirements of this Modified Consent Order. The name of the designated individual shall be provided to the Department within said time frame.
29. The Licensee shall pay a monetary penalty to the Department in the amount of nine thousand dollars (\$9,000.00) by money order or bank check payable to the Treasurer of the State of Connecticut and mailed to the Department within (2) weeks of the effective date of this Modified Consent Order. The money penalty and any reports required by this document shall be directed to:
- Cher Michaud
Supervising Nurse Consultant
Facility Licensing and Investigations Section
Department of Public Health
410 Capitol Avenue
P.O. Box 340308 MS #12FLIS
Hartford, CT 06134-0308
30. All parties agree that this Modified Consent Order is an Order of the Department with all of the rights and obligations pertaining thereto and attendant thereon. Nothing herein shall be construed as limiting the Department's available legal remedies against

Licensee: Rushford Center, Inc of Meriden, CT.

the Licensee for violations of the Modified Consent Order or of any other statutory or regulatory requirements, which may be sought in lieu of or in addition to the methods of relief listed above, including all options for the issuance of citations, the imposition of civil penalties calculated and assessed in accordance with Section 19a-524 et seq. of the General Statutes, or any other administrative and judicial relief provided by law. This Modified Consent Order may be admitted by the Department as evidence in any proceeding between the Department and the Licensee in which compliance with its terms is at issue. The Licensee retains all of its rights under applicable law.

31. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the MFCU or the Bureau Chief of the Department of Criminal Justice's Statewide Prosecution Bureau.
32. The terms of this Modified Consent Order shall remain in effect for a period of two (2) years from the effective date of this document unless otherwise specified in this document.
33. The Licensee understands that this Modified Consent Order and the terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum including any right to review under the Uniform Administrative Procedure Act, Chapter 368a of the Statutes, Regulations that exists at the time the agreement is executed or may become available in the future, provided that this stipulation shall not deprive the Licensee of any other rights that it may have under the laws of the State of Connecticut or of the United States.
34. The Licensee had the opportunity to consult with an attorney prior to the execution of this Modified Consent Order.

*

*

*

Licensee: Rushford Center, Inc of Meriden CT.

IN WITNESS WHEREOF, the parties hereto have caused this Modified Consent Order to be executed by their respective officers and officials, which Modified Consent Order is to be effective as of the later of the two dates noted below.

RUSHFORD CENTER, INC. OF MERIDEN, CT
LICENSEE

11-20-07
Date

By: Jeffrey Walter
Jeffrey Walter, Executive Director

STATE OF Connecticut

County of New Haven) ss November 20 2007

Personally appeared the above named Jeffrey WALTER and made oath to the truth of the statements contained herein.

My Commission Expires: 4-30-09 Sandra M. Rasch
(If Notary Public) Notary Public []
Justice of the Peace []
Town Clerk []
Commissioner of the Superior Court []

STATE OF CONNECTICUT,
DEPARTMENT OF PUBLIC HEALTH

11/28/07
Date

By: John D. Leavitt
John D. Leavitt, R.N., M.S., Section Chief
Facility Licensing and Investigations Section



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

November 6, 2007

Jeffrey Walter
Rushford Center, Inc.
1250 Silver Street
Middletown, CT 06457

Dear Mr. Walter:

This is an amended edition of the original violation letter dated July 25, 2007.

Unannounced visits were made to Rushford Center Inc on March 14, and 15 and April 11 and 13, 2007 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation and monitoring inspection with additional information received through June 27, 2007.

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.

An office conference has been scheduled for August 9, 2007 at 10:00 am in the Facility Licensing and Investigations Section of the Department of Public Health, 410 Capitol Avenue, Second Floor, Hartford, Connecticut. Should you wish legal representation, please feel free to have an attorney accompany you to this meeting.

Please prepare a written Plan of Correction for the above mentioned violations to be presented at this conference.

Each violation must be addressed with a prospective Plan of Correction which includes the following components:

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,

Cher Michaud, RN
Supervising Nurse Consultant
Facility Licensing and Investigations Section

CEM:lsl

c: Department of Mental Health and Addiction Services
Licensure File
CT6658



Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HSR
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

DATES OF VISITS: March 14, 15; April 11 and 13, 2007

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 19a-495-570 (m) Service Operations (3)(A) and/or (3)(C) and/or (6)(A) and/or (7)(F)(iii).

1. Based on a review of the client record, interviews with facility personnel and a review of the Medical Examiner's report, the facility failed to adequately assess and/or monitor the client's medical condition and/or physical status for Client #7. The findings include:
 - a. Client #7 was admitted to the facility on 4/8/07 due to opiate withdrawal. The client was placed on the Clonidine Protocol, absent a physician's order. The protocol included the utilization of Librium, Clonidine and Phenergan. Although interventions included in the protocol directed that vital signs be monitored every four hours, documentation was lacking to reflect that this had occurred on 4/8 and 4/9 on 5 of 10 occasions. Documentation in the medical record reflected that on 4/8/07 the client complained of lightheadedness and fell to the chair. The facility staff attempted to take vital signs without success and a transfer was initiated to the Emergency Department. The client was treated for "dehydration" and was treated with 5 liters of Normal Saline. The client returned with a diagnosis of hypotension and a recommendation to adjust the medications. The Physician (MD#2) was notified of this recommendation. Subsequently, the Clonidine Protocol was discontinued and the Methodone Protocol was initiated instead. Documentation was lacking in the medical record to reflect that the client was monitored for further signs of hypotension and/or dehydration. Subsequently, the client was noted on 4/9/07 at approximately 11:00 am to be unarousable. MD #2 was present at the time. The client was again transferred to the Emergency Department. He returned to the facility the same day at 12:30 pm. Directions from the hospital included to withhold or decrease the client's Methodone, Librium and Phenergan dosages. The physician was not notified of these recommendations and the client continued to receive the medications as ordered prior to transfer to the hospital. Documentation was lacking to reflect that an assessment of the client occurred upon return to the facility and/or that vital signs were monitored throughout the next two shifts. Subsequently, the client was found at 6:30 pm absent pulse and respirations. Although, CPR was initiated, the client expired. Interview on 4/13/07 with Registered Nurse (RN) #1 identified that although she was aware of the recommendation to decrease the client's medications, she did not contact the physician and/or assess the client upon his return from the hospital. Interviews with the Nurse Manager on 4/11/07 and 4/19/07, identified that she recalled leaving a message for MD #2 regarding the client's return from the hospital, however did not speak to him directly. Interview with MD #2 on 4/17/07, identified that he was not informed of the recommendations to decrease the medications. Facility policy regarding the monitoring of vital signs for the detoxification unit directed that vital signs should be monitored upon admission to triage. If the client is asleep, pulse and respirations only should be

DATES OF VISITS: March 14, 15; April 11 and 13, 2007

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

monitored. If the client is on Clonidine, blood pressure, pulse and respirations should be monitored prior to the administration and one hour after administration of the medication. Temperatures were to be taken every shift to ensure that the client is adequately hydrated. Documentation was lacking in the medical record to reflect that vital signs were monitored according to facility policy in that although Client #7 received Clonidine on occasions, vital signs were not monitored prior to and/or after the administration of the medication on one occasion. Documentation was also lacking to reflect that the client's temperature was monitored every shift as per facility policy. According to the Standard Nursing Practice second edition, 2003, to assess for risk of dehydration, vital signs and skin turgor must be monitored every four hours. An increased pulse rate, decreased blood pressure and poor skin turgor or dry mucous membranes are signs of dehydration. Intake and output needs to be monitored to determine body fluid status. Documentation was lacking that Client #7 was monitored for signs or symptoms of dehydration as per current standards of practice and as described previously. Documentation was also lacking to reflect that the facility policy for the monitoring of dehydration was reflective of current standards.

The following is a violation of the Regulations of Connecticut State Agencies Section 19a-495-570 (m) Service Operations (7)(F)(iii) and/or (9)(G)(i)(a) and/or Connecticut General Statutes Section 20-87a.

2. Based on a review of facility documentation and interviews with facility staff, the facility failed to obtain physician's orders for admission to the unit and/or medications for clients who were admitted to the facility for detox. The findings include:
 - a. Client #7 was admitted for detoxification on 4/8/07. On 4/17/07, during an interview, Registered Nurse (RN) #2 identified that she did not notify Physician (MD) #2, who was covering for MD#1 of Client #7's admission to detox. RN#2 discussed the medication protocol options with Client #7. It was reportedly his first admission for detoxification. She implemented the Clonidine protocol without calling the physician. The practice has been to implement the protocol, write it as a telephone order from the physician and date it with the date and time of admission to detox. On 4/17/07, during an interview, MD #2 identified that he was not called for admission or medication orders for Client #7 or Client #8's admission on 4/8/07. The facility staff implement a standard protocol and only call for orders if there is a problem. On 4/19/07, during an interview, RN #5 identified that the registered nurse conducts the triage assessment. The nurse does not obtain physician's orders for admission and/or medication. Standard protocols are utilized. The nurse determines if the client is admitted to detox, intensive treatment or is not appropriate for admission based on the triage assessment. On 6/27/07, during an interview, the Chief Medical Officer identified that the protocol upon admission for detoxification is for the nurse to contact the physician for admission orders, including the

DATES OF VISITS: March 14, 15; April 11 and 13, 2007

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

appropriateness for admission, **protocol** to be utilized, new medications and clarification of medications **currently** used. The facility's policy and procedure regarding admission orders identified that the Physician's Order Sheet shall be initiated at the time of admission. The Triage Nurse will select a physician's order sheet based on the substance use history provided by the client. The nurse will then determine and check off the appropriate Detox orders for that **client based** on his/her needs. Although the Connecticut General Statutes Section 20-87a defines in part the practice of nursing as executing the medical regime under the **direction** of a licensed physician, the practice at this facility was for the licensed **nurse to** administer medication to the client upon admission, absent a **physician's order**. The practice included medications which the client was on prior to admission, as well as new additions. The practice did not include a provision for the review of all medications by an individual with applicable statutory authority for possible adverse interactions.

The following is a violation of the Regulations of Connecticut State Agencies Section 19a-495-570 (m) Service Operations (5)(B).

3. Based on a review of clinical records and interviews with facility staff, the facility failed to ensure that each client had a physical examination performed by a **physician, physician's** assistant or an advanced practice nurse practitioner at the time of **acceptance for triage** for two of two clients admitted for detoxification through triage. The findings include:
 - a. Client #7 was evaluated in triage on 4/7/07 at 11:10 pm by RN #2. **This included** a substance abuse history, medical and psychiatric history and **nursing systems** assessment. The summary of action was to admit to detoxification on the Clonidine protocol. There was no physical examination documented by a physician, physician assistant or advanced practice nurse practitioner conducted at the facility.
 - b. Client #8 was evaluated in triage on 4/6/07 at 11:40 pm by Registered Nurse (RN) #3. This included a substance abuse history, medical and psychiatric history, and nursing systems assessment. Client #8 was admitted to the detoxification unit for heroin detoxification on 4/7/07 at 1 am. The physical examination was not completed by a physician, until 4/7/07 at 11 am. On 4/19/07, during an interview, RN #5 identified that she normally works in triage. The registered nurse conducts the triage assessment. The nurse determines if the client is admitted to "detox", intensive treatment or is not appropriate for admission based on the triage assessment. If she has any questions she can send the client to the emergency room for a physical. The physician is not available to conduct physicals at the facility until the following day.

The following is a violation of the Regulations of Connecticut State Agencies Section 19a-495-570 (m) Service Operations (7)(A) and/or (7)(E)(iv) and/or (7)(F)(iii) and/or (7)(F)(iv).

DATES OF VISITS: March 14, 15; April 11 and 13, 2007

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

4. Based on a review of the facility **documentation and** interviews with facility staff, the facility failed to maintain minimum **and/or qualified** staffing as required per the Regulations of Connecticut State Agencies. The findings include:
 - a. The services the facility provides include Medical Triage, Residential Detox and Evaluation, Intensive Treatment and Outpatient Services. Up to 20 clients a day are seen in Medical Triage. There are 16 detoxification beds and 42 intensive treatment beds. A review of the nurse staffing schedules for 4/1 through 4/13/07 identified the following: One Registered Nurse (RN) and one Licensed Practical Nurse (LPN) on the 8am-4pm and 4pm-12am shifts; one RN from 12am-8am; and one RN Manager Monday through Friday. From 12am-8am there is one nurse for both the Medical Triage Unit and the Detoxification Unit. This same nurse also covers the Intensive Treatment Unit for medication administration, assessments and emergencies. On 4/13/07, during an interview, the Unit Manager identified that the LPN administers the morning medications on the Intensive Treatment Unit, therefore leaving the RN to cover both the Medical Triage and Detox Units. The facility failed to ensure that there was a nurse on each the Medical Triage Unit and Detoxification Unit at all times.
 - b. The Clinical Opiate Withdrawal Scale (COWS) and the Clinical Institute Withdrawal Assessment for Alcohol (CIWA) Scale are assessments utilized by the facility to determine the type of prescribed medications and dosages that are to be administered to a client in the detox program. Client #7's record identified that these assessments were completed by an LPN on 4/8 and 4/9/07. On 4/19/07, during an interview, RN#5 identified that the LPN conducts the required assessments for the administration of medications. The assessments are reviewed by the RN as time allows, however are not usually reviewed prior to the administration of the medication.
 - c. Client #2 had a 2/7/07 physician's telephone order for Trazadone 50 mg at bedtime as needed for sleep and Vistaril 50 mg every 4 hours as needed for anxiety which was taken by an LPN #1. Client #1 had a 3/13/07 physician's telephone for Lexapro taken by LPN#1. On 3/14/07, during interview, the RN manager of the detoxification unit identified that she was not aware that LPN's could not take new telephone orders.

The following is a violation of the Regulations of Connecticut State Agencies Section 19a-495-570 (g) Executive Director (2) and/or (m) Service Operations (7)(F)(iii).

5. Based on a review of policies **and procedures, interviews with facility staff and** a review of facility documentation, the facility failed to adequately assess and/or monitor the clients. The findings include:

DATES OF VISITS: March 14, 15; April 11 and 13, 2007

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

- a. The facility policy and procedure regarding unit observation checks directed that each client should be observed and evaluated every hour to ensure safety. The facility utilizes a "detox room check" sheet to document these checks. On 4/13/07, during an interview, the Registered Nurse (RN) Unit Manager identified that census checks are done every hour twenty-four hours a day. Checks are just a visual check to identify the client's location and there is not necessarily any interaction. Clients are not awakened for room checks. Documentation was lacking to reflect that any "visual checks" had been conducted. On 4/19/07, during an interview, Licensed Practical Nurse (LPN) #1 identified that the Counselor Assistant (CA) is responsible for the room checks. If the CA is needed in triage then there is no one available to do the room checks. The facility failed to implement a mechanism to ensure a client's physical status was assessed at regular intervals during detoxification. Although the facility developed the policy and procedure regarding "unit observation checks", a protocol and/or mechanism had not been developed to address monitoring guidelines for addressing physical and/or medical concerns which may require further medical attention during the detox phase.

The following is a violation of the Regulations of Connecticut State Agencies Section 19a-495-570 (l) Accident or Incident Reports (2).

6. Based on a review of facility documentation and interviews with facility staff, the facility failed to notify the Department of an alleged sexual relationship between a client and a staff person. The findings include:
 - a. Facility documentation dated 1/18/07 identified that staff were advised on 1/18/07 that Client #3 may have confided in Client #4 that she had a sexual relationship with Counselor Assistant (CA) #1 in January 2007. Client #3 abruptly left the facility the day the allegation was investigated. On 5/9/07 during an interview CA #1 denied the allegation. The facility failed to notify the Department of the allegation. On 2/13/07, during an interview, with the Associate Director of Patient Services it was ascertained that the Department was not notified because the facility could not substantiate the allegation.

The following is a violation of the Regulations of Connecticut State Agencies Section 19a-495-570 (m) Service Operations (3)(A).

7. Based on a review of the clinical record, facility documentation and interviews with facility staff, the facility failed to ensure the clinical record contained all information relevant to the treatment of the client. The findings include:
 - a. Facility documentation dated 1/18/07, identified that Client #3 and Client #4 had an

DATES OF VISITS: March 14, 15; April 11 and 13, 2007

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

altercation the evening of 1/17/07. Client #4 had reported to a staff person that Client #3 had confided in her a week and a half earlier that she had a sexual relationship with Counselor Assistant (CA) #1 while out of the facility on a pass. Client #3 was allegedly upset with Client #4 for sharing this information. The clients were interviewed on 1/18/07 by Coordinator of the Counselor Assistants #2. Client #3 denied the relationship. Client #3 left the facility on 1/18/07 for an unknown destination. There was no documentation of the alleged incident or the 1/17/07 altercation between the clients in their respective clinical records. On 3/14/07, during an interview, Client #3's primary clinician reported that he was not made aware of the incident and only found out incidentally a few weeks later.

The following is a violation of the Regulations of Connecticut State Agencies Section 19a-495-570 (m) Service Operations (3)(C).

8. The facility failed to ensure that treatment plans were revised in accordance with the clients' needs for three clients (Client #7, Client #3 and Client #8). The findings are based on medical record reviews and interviews with facility personnel and include the following:
 - a. Client #7 was admitted to the facility on 4/8/07 due to opiate withdrawal. On 4/8/07, the client was sent to the Emergency Department due to "lightheadedness" and syncope. The client was treated with 5 liters of IV fluid for dehydration and sent back to the facility. Recommendations from the hospital included to discontinue the Clonidine protocol and to start the Methodone protocol. On 4/9/07 at approximately 11:00 am the client was again transferred to the Emergency Department (ED) due to an episode of unresponsiveness. He was treated at the E.D. and sent back to the facility with instructions which included to withhold or decrease the resident's Methodone, Librium and Phenergan doses. Although the client had demonstrated a change in physical status which required two visits to the emergency department within twenty-four hours, documentation was lacking to reflect that revisions had been made to the treatment plan which included the client's need for rehydration with IV fluids, recent history of unresponsiveness and also the recommendation from the hospital for a change in medication regime.
 - b. Client #3 was admitted to the facility on 12/4/06 and transferred to various levels of care during her stay. She left the facility "abruptly" on 1/18/07. Client #3's treatment plans identified problems of anxiety, borderline traits, living environment deficiencies, and/or a history of relapse. No specific type and frequency of services were identified to address these problems. The client was living in the intensive treatment area from 12/4 to 12/14 when she transferred to the intermediate and long term treatment and rehabilitation unit and continued to attend the dual day treatment program at the same site. The treatment plan did not identify interventions specific to this level of care. On 3/15/07 during an interview, Licensed Alcohol and Drug Counselor (LADC)#1 identified that there was no treatment plan developed by the

DATES OF VISITS: March 14, 15; April 11 and 13, 2007

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

intermediate and long term treatment and rehabilitation residential unit, however, the clinician and staff meet weekly to discuss issues.

- c. Client #8 was admitted to the detoxification unit on 4/7/07 for heroin detoxification. The master problem list dated 4/7/07 identified the following problems, substance abuse, client reports a depressed mood and recent trauma/grief and loss due to unexpected loss/death of three friends and extreme flat affect. The only problem identified on the undated treatment plan was opiate withdrawal. The interventions were opiate detoxification, vital signs every 4 hours, medication management, evaluate and adjust medications as indicated, educate about risks/benefits of medications and see physician's orders for medications. A 4/8/07 progress note by Registered Nurse (RN) #5 identified that the client had been **palming** his medications and to check the client's mouth. Client# 8 wanted to stay at the facility and agreed to do whatever he had to do. On 4/8/07, Counselor #3 developed a behavioral contract for Client #8 related to hoarding medications. On 4/9/07 at approximately 6:30pm, Client #8 found his roommate, Client #7 in a medically compromised situation. Facility documentation identified that staff met with all the clients on the unit as a group. Documentation was lacking that an assessment was conducted of Client #8's emotional and/or psychological status taking into consideration his past history and the current event.

The following is a violation of the Regulations of Connecticut State Agencies Section 19a-495-570 (d) Transfer or Discharge and/or (m) Service Operations (3)(E).

9. Based on a review of the clinical records and interviews with facility staff, the facility failed to ensure that the correct medications were identified in the discharge instructions and/or the instructions for use of the medications were clearly identified. The findings include:
 - a. Client #2 was admitted to the facility on 2/6/07 and discharged on 2/21/07. A review of the clinical record identified in part a 2/7/07 physician's order for Paxil 20 mg at bedtime. On 2/12/07, the Paxil was discontinued. A 2/21/07 physician's order directed a regular discharge from intensive treatment. A review of the discharge medications and nursing instruction dated 2/21/07 identified Paxil 20 mg as directed. Twenty-four (24) Paxil tablets were given to the client to take home. The remainder of the medications that were currently ordered were identified, however, the instruction for use was as "as directed". On 3/14/07 during an interview the Manager of the Detoxification Unit identified that if a client comes in with medication, they send it home with them. However, the Paxil was a new order initiated at the facility. The discharge instructions failed to accurately reflect the Client's medication regime or provide clear directions for administration.

The following is a violation of the Regulations of Connecticut State Agencies Section 19a-495-570 (m) Service Operations (4) and/or Connecticut General Statutes Section 20-87a.

DATES OF VISITS: March 14, 15; April 11 and 13, 2007

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

10. Based on a review of the clinical record, a review of facility documentation and interviews with facility staff, the facility failed to obtain a physician's order for a planned involuntary discharge. The findings include:
 - a. Client #8 was admitted on 4/7/07 to the Detoxification Unit. Client #8 was receiving Librium as needed for withdrawal symptoms and continued to do so through 4/10/07. A 4/10/07 10:00 AM progress note written by Registered Nurse (RN) #1 identified that withdrawal symptoms continued. A review of the facility policy and procedure for discharge identified that a physician's order will be obtained for the discharge of a client and will indicate with or without medical advice. Facility documentation dated 4/10/07 identified that Client #8 was arguing with a staff member and escalated in front of the other clients. The client was redirected to another area where he deescalated. The RN Unit Manager discharged the client at that time in response to the argument. Documentation was lacking that the Physician was contacted to obtain an order for discharge. On 4/10/07, during an interview, the RN Unit Manager identified that she did not obtain a physician's order for discharge. The Connecticut General Statutes Section 20-87a defines in part the practice of nursing as executing the medical regime under the direction of a licensed physician.