

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

IN RE: Hope Home Health Agency Inc.
d/b/a Hope Home health Agency Inc.
7 North Washington Street
Plainville, CT 06062

CONSENT ORDER

WHEREAS, Hope Home Health Agency Inc. ("Licensee"), has been issued License No. 9915733 to operate a Home Health Care Agency ("Agency") under Connecticut General Statutes section 19a-490 by the Connecticut Department of Public Health ("Department"); and,

WHEREAS, the Facility Licensing and Investigations Section ("FLIS") of the Department conducted unannounced inspections on various dates commencing on April 29, 2016 and concluding on December 5, 2018; and,

WHEREAS, the Department, during the course of the aforementioned inspections identified violations of the Connecticut General Statutes and/or Regulations of Connecticut State Agencies in violation letters dated November 1, 2016, January 5, 2017, April 3, 2017, December 28, 2017, May 3, 2018, July 26, 2018 and December 20, 2018 (Exhibit A – copy attached); and,

WHEREAS, a telephone conference regarding the above violation letters was held between the Department and the Licensee on March 18, 2019; and,

WHEREAS, in response to the Violation Letters described above, the Licensee submitted Plans of Correction which were accepted by the Department; and,

WHEREAS, the Licensee, in consideration of this Consent Order, has chosen not to contest the above allegations of wrongdoing but, while admitting no guilt or wrongdoing, agrees that for purposes of this or any future proceedings before the Department, this Consent Order shall have

the same effect as if proven and ordered after a full hearing held pursuant to §§ 19a-10, 19a-14 and Chapter 368v of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§ 19a-14, 19a-17 and Chapter 368v of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

NOW THEREFORE, the FLIS of the Department acting herein and through Donna Ortelle its Section Chief, and the Licensee, acting herein and through Miledy Marmol and Jorge M. Cruz Jr. its Co-Owners, hereby stipulate and agree as follows:

1. The Licensee shall execute a contract with an Independent Nurse Consultant ("INC") approved by the Department within two (2) weeks of the effective date of this Consent Order. The INC's duties shall be performed by a single individual unless otherwise approved by the Department. The Licensee shall incur the cost of the INC and any other costs associated with compliance with this Consent Order.
2. Failure to pay the costs associated with the INC's duties may result in a fine not to exceed one thousand (\$1000.00) dollars per day until such time the costs are paid.
3. The INC shall function in accordance with the FLIS's INC Guidelines (Exhibit B - copy attached). 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 of the Regulations of Connecticut State Agencies.
4. The INC shall provide consulting services for a minimum of three (3) months at the JC Agency. The INC shall be at the Agency ^{Forty} ~~twenty-four~~ ^{40 M/M} (24) hours per week and arrange his/her schedule in order to be present at the Agency 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 and reduce or increase the period of time that the INC functions are required, if the Department determines the reduction or increase is warranted based upon any information that the Department

- deems relevant. The terms of the contract executed with the INC shall include all pertinent provisions contained in this Consent Order.
5. 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 patients and to secure compliance with applicable federal and state law and shall not accept any direction or suggestion from the Licensee or its employees that will deter or interfere in fulfilling this obligation.
 6. 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 this Consent Order. During this initial assessment, if the INC identifies any issues requiring immediate attention, he/she shall immediately notify the Department and the Licensee for appropriate response.
 7. The INC shall confer with the Licensee's Administrator, Supervisor of Clinical Services and other staff determined by the INC to be necessary for the assessment of nursing services and the Licensee's compliance with federal and state statutes and regulations.
 8. The INC shall make recommendations to the Licensee's Administrator and Supervisor of Clinical Services for improvement in the delivery of direct patient care in the Agency. If the INC and the Licensee are unable to reach an agreement regarding the INC's recommendation(s), the Department, after meeting with the Licensee and the INC shall make a final determination, which shall be binding on the Licensee.
 9. The INC shall submit written reports every four (4) weeks to the Department documenting:
 - a. The INC's assessment of the care and services provided to patients;
 - b. Whether the Licensee is in compliance with applicable federal and state statutes and regulations; and,
 - c. Any recommendations made by the INC and the Licensee's response and implementation of the recommendations.
 10. Copies of all INC reports shall be simultaneously provided to the Administrator, Supervisor of Clinical Services and the Department.
 11. The INC shall have the responsibility for:

- a. Assessing, monitoring, and evaluating the delivery of direct patient care with particular emphasis and focus on the delivery of nursing services by registered nurses, licensed practical nurses, and home health aides, 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. Assessing, monitoring, and evaluating the coordination of patient care and services delivered by the various health care professionals providing services;
 - c. Assessing, monitoring and evaluating the staffing pattern, staff credentialing and maintenance of staff personnel files to ensure compliance with the Public Health Code;
 - d. Recommending to the Department an increase in the INC's contract hours if the INC is unable to fulfill the responsibilities within the stipulated hours per week; and,
 - e. Monitoring the continued implementation of the Licensee's plan of correction submitted in response to the violation letter dated ^{11-1-16 through 12-20-18 D.O.} ~~January 6, 2015~~ (Exhibit A).
12. The INC, the Licensee's Administrator, and the Supervisor of Clinical Services shall meet with the Department every four (4) 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 federal and state statutes and regulations.
 13. Any records maintained in accordance with any state or federal law or regulation or as required by this Consent Order shall be made available to the INC and the Department, upon request.
 14. Within fourteen (14) days of the execution of this Consent Order the Administrator shall develop and/or review and revise, as necessary, policies and procedures related to staffing needs, staff credentialing, staff orientation and competencies, administration of treatments, therapies, medications reconciliation, investigation of medication discrepancies and errors, patient assessment, care planning, implementation of the plan of care as ordered by the physician, inter-disciplinary communication and coordination of the patient care, timely OASIS assessments, nutritional needs, hydration, physician notification, physical assessment of patients with pressure ulcers, pressure ulcer

prevention and treatment, accident and fall prevention, clinical record documentation, physician's orders, revisions of the plan of care, abuse and neglect prevention and investigation.

15. Within four (4) weeks of the effect of the Consent Order, all Agency nursing staff shall be in-serviced, to the policies and procedures identified above.
16. Effective immediately upon execution of this Consent Order, the Licensee shall ensure that all staff, including but not limited to, temporary or contracted staff, receive orientation prior to the start of their shift. Such orientation shall include, but not be limited to, emergency procedures and patient identification.
17. Within seven (7) days of receipt of the INC assessment, the Administrator shall provide to the Department a plan for remediation to address the issues identified in the INC initial assessment report.
18. The INC shall make recommendations to the Licensee's Administrator for improvement in the delivery of direct patient care in the Agency. If the INC and the Licensee are unable to reach an agreement regarding the INC's recommendation(s), the Department, after meeting with the Licensee and the INC shall make a final determination, which shall be binding on the Licensee.
19. Copies of all INC reports shall be simultaneously provided to the Administrator and the Department.
20. The Agency shall submit a report to the Department, within two weeks of execution of this Consent Order, detailing the Agency's plan to ensure compliance with the Consent Order through redefining priorities, internal restructuring or strengthening and/or increasing clinical resources.
21. Effective upon the execution of this Consent Order, the Licensee, through its Governing Body, Administrator and Supervisor of Clinical Services, shall ensure substantial compliance with the following:
 - a. Maintenance of qualifying personnel at all times in accordance with the requirements of the Public Health Code;
 - b. Maintenance of personnel files that meet the requirements of the Public Health Code, including the documentation of staff orientation and competencies;

- c. Maintenance of the privacy of the patient records at all times;
- d. Compliance with federal requirements for OASIS assessments and documentation;
- e. Adopt and review policies on medication management, medication reconciliation, administration and documentation in accordance with physician orders and acceptable standards of practice;
- f. Ensure a safe process of medication administration in accordance with policies, procedures and acceptable standards of practice;
- g. When using the medication profile, the Agency nurses date and update the medication profile, and specify date of profile used when pre-pouring medications;
- h. The medication profile reflects the current physician orders;
- i. Review policies on medication management on an annual basis;
- j. The Agency staff shall follow physician orders and notify the physician of alterations of the physician orders; contact the physician to clarify unclear, contradicting and/or incomplete orders prior to providing care; parameters for reporting to the physician. The physician orders shall include, when applicable, but not be limited to, medications administration, frequency of visits, pressure sore interventions, and blood glucose monitoring;
- k. Provide the necessary assessments after a change in condition or abnormal findings;
- l. Revise the plan of care to address the patient's needs;
- m. Ensure home health aides carry a written plan of care and/or the written plan of care is available in the home for the aide and ensure the home health aides follow the plan of care;
- n. Ensure the Registered Nurse supervises the home health aide every two weeks;
- o. Maintain accurate and/or authenticated clinical record documentation;
- p. The Agency maintains adequate staffing ratios at all levels in accordance with federal laws and regulation;

- q. The Agency maintains coordination of care among disciplines to meet the patient's needs;
 - r. All Agency staff accurately assess the patient and family's needs, promptly re-assess the patient's needs with each change in condition, hospitalization, new medications, and new treatment.
 - s. The Agency aides report changes to the nurses promptly and Registered Nurses promptly assess the patients and report to the physician (s);
 - t. All patients are assessed for the risk of developing skin breakdown; patients determined to be at risk shall receive skin assessments according to the Agency protocol;
 - u. Provide necessary interventions for pressure sore prevention and/or treatment shall be provided in accordance with the Agency policies and procedures; Clinical documentation is incorporated in the patient's record at least once a week; and
 - v. Quality assessment and performance improvement program activities shall include all required record reviews, completion of the program evaluation report, outcome process report, and 120-day reports.
22. Effectively immediately and upon execution of this Consent Agreement, the Licensee shall notify the Department immediately, if any of the following positions become vacant:
- a. Administrator; and
 - b. Supervisor of Clinical Services.
23. The Supervisor of Clinical Services shall within twenty-one (21) days of the effective date of this Consent Order, review and revise as necessary, each patient's plan of care based upon the patient's current and ongoing assessments.
24. The Administrator shall within thirty (30) days of the effective date of this Consent Order and/or in accordance with the Agency's plan of correction, in-service all direct service staff on topics relevant to the provisions of paragraph twenty-two (22) of this Consent Order. The Licensee shall maintain an attendance roster of all in-service presentations pursuant to this provision and shall be retained and made available upon request to the Department for a period of five (5) years.

25. The Administrator shall, institute in its evaluation of staff competency, a mechanism whereby the Supervisor of Clinical Services shall conduct quarterly joint home visits with each primary care nurse ("PCN"), as well as a clinical record audit of twenty (20) percent of the PCN's current caseload, to assess clinical competence and ensure care and services is provided in accordance with the plan of care. A report of the program's onsite competency evaluations and record audits shall be presented to the Professional Advisory Committee four (4) times per year. Said reports shall be retained and available upon request for review by the Department for a period of five (5) years. Upon identification of any variance with the plan of care or concerns with competency, prompt remediation should be provided and documented.
26. Supervisors of Clinical Services shall be responsible for ensuring that all care provided to patients by all caregivers is in accordance with individual comprehensive care plans and in accordance with standards of care. All Supervisors of Clinical Services shall be supervised and monitored by a representative of the Licensee's administrative/corporate clinical staff to ensure the Supervisors of Clinical Services are functioning in accordance with this Consent Order and state and federal requirements. Records of such administrative visits and supervision shall be maintained for a period of five (5) years for the Department's review.
27. At the same time the Licensee submits this signed Consent Order to the Department, it shall designate an individual within the Agency to monitor the requirements of this Consent Order. The name and contact information, including an email address, shall be provided to the Department. The assigned individual shall submit monthly reports to the Department regarding the provisions contained within this Consent Order once the INC reports have terminated.
28. The Licensee shall establish a Quality Assessment and Performance Improvement Program ("QAPI") to review patient care issues including those identified in the violation letters. The QAPI Committee shall consist of at least, the Licensee, Administrator and Supervisor of Clinical Services. 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 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 Committee shall include, but not be limited to, assessing all patients of the Licensee to identify appropriateness of care and services, determination and adoption of new policies to be implemented by Licensee's staff to improve patient care practices, routine assessing of care and response to treatment of patients affected with pressure sores, tracking and analyzing adverse events to develop interventions and prevent recurrences. In addition, this Committee shall review and revise, as applicable infection control and medication policies and procedures and monitor their implementation. The Committee shall implement a QAPI program that will measure, track and report on compliance with the requirements of this Consent Order. The Committee shall measure and track the implementation of any changes in the Licensee'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 Agency for a minimum period of five (5) years.

29. Within fourteen (14) days of the effective date of this Consent Order, the Licensee shall incorporate into its QAPI a method to monitor implementation of the requirements of the Consent Order and those recommendations implemented as a result of the INC assessment. A report on such measures shall be presented every three months to Medical Staff.
30. At the time of signing this Consent Order, the Licensee shall pay a monetary penalty to the Department in the amount of five thousand dollars (\$5,000.00) by money order or bank check payable to the Treasurer of the State of Connecticut and mailed to the Department. The money penalty and any reports required by this Consent Order shall be directed to:

Loan Nguyen, R.N., M.S.N., B.C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section
Department of Public Health
410 Capitol Avenue, P.O. Box 340308 MS #12 FLIS
Hartford, CT 06134-0308

31. All parties agree that this 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 the Licensee for violations of the 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 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. The allegations and findings contained in Exhibit A shall be deemed true in any subsequent proceeding in which the Licensee's compliance with the Consent Order is at issue or the Licensee's compliance with Connecticut statutes and regulations and/or with Federal statutes and regulations are at issue.
32. The Licensee agrees that this Consent Order will be reported consistent with federal and state law and regulations and consistent with Department policy. In addition, the Licensee agrees that this Consent Order will be posted on the Department's website.
33. The execution of this Consent Order has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit (MFCU) or the Bureau Chief of the Department of Criminal Justice's Statewide Prosecution Bureau.
34. The terms of this Consent Order shall remain in effect for a period of two (2) years from the effective date of this Consent Order unless otherwise specified in this Consent Order.
35. The Licensee agrees that this 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.

36. Should the Licensee not be able to maintain substantial compliance with the requirements of the Consent Order, the Department retains the right to issue charges including those identified in the violation letters referenced in this Consent Order.
37. The Licensee has consulted with its attorney prior to the execution of this Consent Order.
38. The Licensee agrees that this Consent Order does not limit any other agency or entity in any manner including but not limited to any actions taken in response to the factual basis of this Consent Order.

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

HOPE HOME HEALTH AGENCY, INC. - LICENSEE

By: *Miledy Marmol*
Miledy Marmol, Co-Owner

Jorge M. Cruz Jr.
Jorge M. Cruz Jr, Co-Owner

On this 8th day of August, 2019, before me, personally appeared Miledy Marmol and Jorge M. Cruz Jr. who acknowledged themselves to be the Co-Owners of Hope Home Health Inc. and that they, as such Co-Owners being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the Licensee by themselves as the Co-Owners.

My Commission Expires: _____
(If Notary Public)

MARY ALICE MORE LEONARDI
Notary Public
Commissioner of the Superior Court
MARY ALICE MORE LEONARDI

STATE OF CONNECTICUT,
DEPARTMENT OF PUBLIC HEALTH

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August 8, 2019

By: *Donna Ortelle, RN, MSN*
Donna Ortelle, R.N., Section Chief
Facility Licensing and Investigations Section