

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

IN RE: Buckingham Heights, LLC
 d/b/a Buckingham Heights, LLC
 1824 Manchester Road
 Glastonbury, CT 06033-1832

CHANGE OF OWNERSHIP CONSENT ORDER

WHEREAS, Buckingham Heights, LLC is seeking a license to operate an Assisted Living Services Agency as defined in Conn. Gen. Stat. § 19a-490; and

WHEREAS, this Change of Ownership Consent Order ("Order") is being issued pursuant to Conn. Gen. Stat. Sec. 19a-491, as part of licensure and not in connection with a disciplinary action; and

WHEREAS, upon the execution of this Change of Ownership Consent Order ("Order") and after meeting all statutory and regulatory requirements, Buckingham Heights, LLC ("Intended Licensee") shall be issued a license to operate an Assisted Living Services Agency by the Connecticut Department of Public Health ("Department"); and;

NOW THEREFORE, the Facility Licensing and Investigations Section of the Department of Public Health of the State of Connecticut acting herein and through Cheryl Davis, Public Health Services Manager, and the Intended Licensee, acting by and through Daniel M. Hamister, Successor Manager, hereby stipulate and agree as follows:

1. This Order shall remain in effect for a one (1) year period from the effective date of the Change of Ownership. The effective date of the Order is the day the Change of Ownership takes place.
2. The Licensee shall notify the Department in writing immediately of any intent to discontinue operations.
3. The Intended Licensee shall ensure that all the core services are provided. In the event that a managed residential community fails to provide or arrange to make available one or more of the core services on a regular and continual basis, the licensee shall terminate the provision of assisted living services to the managed residential community. The Department, each client receiving services from the agency, the next-of-kin or legal representative and any third-party payors concerned shall be mailed written notice from the licensee at least thirty (30) days prior to the termination of services.
4. Effective upon the Change of Ownership, the Intended Licensee, through its Authorized Representative, shall ensure compliance with the following requirements:
 - a. An organized governing authority shall be established in accordance with applicable laws with full legal authority and responsibility for the conduct of the Intended Licensee in a manner consistent with the objective of making available high quality patient care including, but not limited to, compliance with all of the terms and conditions of this Change of Ownership Consent Order. The governing body shall appoint a Supervisor of Assisted Living Services Agency (SALSA) who shall be qualified by education and experience appropriate to the discharge of his or her responsibilities. The onsite working hours of the SALSA shall meet the requirements of the Public Health Code at 19-12-D105 (j) (3);
 - b. The governing authority shall also appoint a registered nurse (RN) Designee to serve in the absence of the SALSA and provide relief to the SALSA as needed. The RN Designee shall meet the requirements of the Public Health Code at 19-12-D105 (j) (1) and (2);

- c. The governing authority shall appoint a registered nurse to be on call twenty-four (24) hours a day. The twenty-four hours on-call registered nurse shall meet the requirements of the Public Health Code at 19-12-D105 (j) (8) and appoint an Infection Preventionist in accordance with state law and/or regulations;
- d. In addition, the agency shall be staffed with licensed nurses at least ten (10) hours per week for each additional ten (10) or less full-time equivalent assisted living aides;
- e. The agency will ensure that sufficient numbers of assisted living aides are available to meet the needs of clients at all times based on the client's service program;
- f. Policies and procedures shall be adopted to:
 - 1. Address medication management and management of the clients' nursing needs based on accepted standards of practice including prevention of negative outcomes;
 - 2. Respond to complaints and grievances;
 - 3. Address abuse prevention which include, but not be limited to screening, abuse investigation and reporting, and staff education; and
 - 4. Address infection prevention and control in accordance with state laws and regulations.
- g. The Intended Licensee shall:
 - 1. Develop, implement and enforce written policies and procedures for control and accountability, distribution, and assurance of quality of controlled drugs in accordance with state law and/or regulations;
 - 2. Develop written policies for the discharge of clients from the agency, including the termination of assisted living services when the client's condition is no longer chronic and stable;
 - 3. Develop written policies for the appropriate steps to follow in the event of a medical emergency, with documentation of a review of such policy included in the employee orientation program.

4. Shall ensure the administration of medications to clients by a licensed nurse under the written order of a physician or health care practitioner with applicable statutory authority. Only if the client is assessed by a registered nurse as capable to direct the process of self-administration of medications, should the client be assigned an aide to remind or cue medications to be self-administered.
- h. The Intended Licensee may only provide nursing services and assistance with activities of daily living to clients with chronic and stable conditions as determined by a physician or health care practitioner with applicable statutory authority at least on an annual basis and as needed.
5. The Intended Licensee shall notify the Department of any absence of the SALSA longer than one (1) month. A registered nurse with a minimum of two (2) years full-time equivalent clinical experience in nursing, at least one (1) year of which shall be in a home health care agency or community health program that included care of the sick at home, shall be designated in writing to act during any absence of the SALSA.
6. Any records maintained in accordance with any state or federal law or regulation or as required by this Change of Ownership Consent Order shall be made available to the Department, upon request. Any rights of the Intended Licensee to claim and exert privilege to quality assurance or peer review documents under state and/or federal law are preserved and not limited or waived by this Order.
7. The Intended Licensee shall comply with the staffing requirements established by the Regulations of the Connecticut State Agencies at all times, regardless of fluctuations in client census, and shall ensure the availability of services required in the Client Service Program.
8. A Quality Assurance Program shall be instituted by Buckingham Heights, LLC which shall identify a Quality Assurance Committee, consisting of, at least, one (1) physician, one (1) registered nurse with a minimum of two (2) years of experience in home health care or one (1) nurse with a bachelor's degree in nursing and one (1) social worker with at a minimum a bachelor's degree in social work or in a related human service field. The Committee shall meet at least once every one hundred and twenty (120) days to review all reports or complaints relating to patient care and compliance with state laws and regulations. The

activities of the Quality Assurance Committee shall include, but not be limited to, compliance with this Order, assessments of all clients of Buckingham Heights, LLC, to identify appropriateness of care and services, determination and adoption of new policies to be implemented by Buckingham Heights, LLC staff to improve client care practices, and routine assessment of care and response to treatment of clients 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 Order. The Committee shall measure and track the implementation of any changes in Buckingham Heights, LLC 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.

9. The Intended Licensee, within three (3) business days of the Change of Ownership, shall designate an individual within the Agency to monitor the requirements of this Change of Ownership Consent Order.

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

Elizabeth.Heiney, B.S., R.N., B.C.
Supervising Nurse Consultant
Department of Public Health
Health Care Quality and Safety Branch
410 Capital Avenue, MS #12FLIS
Hartford, CT 06134
Elizabeth.heiney@ct.gov

11. All parties agree that this Change of Ownership Consent Order is an Order of the Department with all of the rights and obligations pertaining thereto and attendant thereon. Intended Licensee agrees that the compliance with all of the terms and conditions of this Change of Ownership Consent Order is part of the responsibility of the Intended Licensee's governing authority as set forth in Public Health Code section 19-13-D105 (d). Intended Licensee further agrees that failure to comply with any of the terms and

conditions of this Change of Ownership Consent Order shall constitute grounds for disciplinary action pursuant to Section 19a-494 of the Connecticut General Statutes. Nothing herein shall be construed as limiting the Department's other available legal remedies against the Intended Licensee for violations of the Change of Ownership 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, or any other administrative and judicial relief provided by law.

12. The execution of this 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.

The Intended Licensee acting by and through Daniel Hamister, CEO and Chairman, understand that this Change of Ownership 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 Order is executed or may become available in the future, provided that this stipulation shall not deprive the Intended Licensee of any other rights that it may have under the laws of the State of Connecticut or of the United States.

13. The Intended Licensee and Member had the opportunity to consult with an attorney prior to the execution of this Change of Ownership Consent Order.

*

*

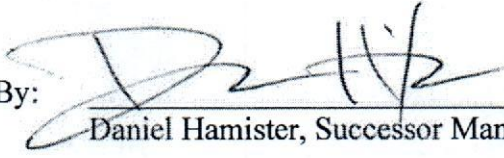
*

*

*

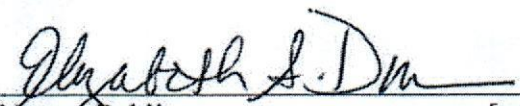
WITNESS WHEREOF, the parties hereto have caused this Change of Ownership Consent Order to be executed by their respective officers and officials, which Change of Ownership Consent Order is to be effective as of the later of the two dates noted below. The undersigned signatories represent and warrant that they are authorized to execute this Change of Ownership Consent Order on behalf of the party they represent.

By:


Daniel Hamister, Successor Manager

On this 12th day of September 2022, before me, personally appeared Daniel Hamister, who acknowledged himself to be the Authorized Representative of Buckingham Heights, LLC, and that he as such Representative, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as CEO and Chairman.

My Commission Expires: 08.27.2026
(If Notary Public)


Notary Public

Commissioner of the Superior Court

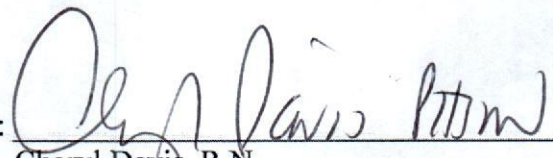
[]

[]

ELIZABETH A DUNN
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01DU6380021
Qualified in Erie County
Commission Expires 08/27/2026

STATE OF CONNECTICUT,
DEPARTMENT OF PUBLIC HEALTH

By:


Cheryl Davis, R.N.

Public Health Services Manager

Date:

9/14/22

