STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

January 16, 2024

Ms. Ingrid Kausyla, Executive Director
Brandywine Living At Litchfield
19 Constitution Way
Litchfield, CT 06759
Email: ikausyla@brandycare.com

Dear Ms. Kausyla:

An unannounced visit was made to Brandywine Living At Litchfield on December 19, 2023 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation.

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 visit. The state violations cannot be edited by the provider in any way.

In accordance with Connecticut General Statutes, section 19a-496, upon a finding of noncompliance with such statutes or regulations, the Department shall issue a written notice of noncompliance to the institution. Not later than ten days after such institution receives a notice of noncompliance, the institution shall submit a plan of correction to the Department in response to the items of noncompliance identified in such notice.

The plan of correction is to be submitted to the Department by January 26, 2024. Please include your agency Plan of Corrections along with the "original Violation Letter" and return within 10 days.

The plan of correction shall include:
(1) The measures that the institution intends to implement or systemic changes that the institution intends to make to prevent a recurrence of each identified issue of noncompliance;
(2) the date each such corrective measure or change by the institution is effective;
(3) the institution's plan to monitor its quality assessment and performance improvement functions to

Review of agency policy for Nursing services directed that the RN will be responsible for assessments, completed as often as necessary, based on the resident's condition but not less than one hundred and twenty (120) days.

Plan of Correction for Violation #2

ensure that the corrective measure or systemic change is sustained; and
(4) the title of the institution's staff member that is responsible for ensuring the institution's compliance with its plan of correction.

The plan of correction shall be deemed to be the institution's representation of compliance with the identified state statutes or regulations identified in the department's notice of noncompliance. Any institution that fails to submit a plan of correction may be subject to disciplinary action.

You may wish to dispute the violations and you may be provided with the opportunity to be heard. If the violations are not responded to by January 22, 2024 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

Please return your response to Elizabeth Heiney, Supervising Nurse Consultant via email at Elizabeth.Heiney@ct.gov. Please direct your questions concerning the instructions contained in this letter to Elizabeth Heiney directly at (860) 509-8059. Please do not send another copy via US mail.

We do not anticipate making any practitioner referrals at this time.

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

Elizabeth T. Heiney SNC

Elizabeth Heiney, B.S., R.N., B.C.
Supervising Nurse Consultant
Facility Licensing & Investigations Section

ETH:mdf

c. VL
Complaint #36820

The following are violations of the regulations of Connecticut State Agencies **Section 19-13-D105 Assisted living services agency (d) Governing authority of an assisted living services agency (4) (A) and (e) General requirements for an assisted living services agency (1) and (g) Supervisor of assisted living services (2) (A) (B) and (h) Nursing Services provided by an assisted living services agency (1) (3) (C) and (i) Assisted living aide services (1) and the General Statutes of Connecticut Chapter 378 Section 20-87a (c) and (k) Client service record (2) (H) and (m) Client's Bill of Rights and Responsibilities (5).**

1. Based on clinical record review, review of agency policies and staff interviews for one of three clients (Client #1) who received assisted living services for assistance with personal care, medication management and safety monitoring, the Assisted Living Services Agency/ALSA nurse failed to notify a Registered Nurse/RN after a fall, the RN failed to assess the client after a fall, failed to ensure the client was free from neglect, the ALSA aides failed to follow the care plan and the Governing Authority failed to develop policies to conform to State regulations. The findings include:

    a. Client #1 was admitted to the memory care assisted living services agency (ALSA) program on 10/19/16. The admitting diagnoses included dementia, hyperlipidemia and anxiety. The client service plan dated 6/05/23 identified the need for assistance with bathing, dressing, toileting, written documentation of every two-hour safety checks and medication management.

    Review of agency documentation dated 11/30/23 at 4:45 AM and Licensed Practical Nurse/LPN #1's nursing note identified that LPN #1 was called to the client's room by ALSA aide #1, the client was observed on the floor near the bedside on his/her back with blankets on top of him/her. The client initially had complaints of pelvic pain but was able to move all lower extremities and had normal range of motion. The client was assisted to a standing position and able to take steps back to bed with ALSA aide #1 and LPN #1 and denied any pain to the pelvic region.

    i. Interview and review of the clinical record and agency documentation with the Supervisor of Assisted Living Services Agency/SALSA on 12/19/23 at 10:45 AM failed to identify that LPN #1 notified the on-call ALSA Registered Nurse/RN of the need to assess the client prior to assisting the client to a standing position, failed to identify an RN assessment after the fall and failed to follow agency policies.

    Review of agency policy on Registered Nurse role directed that the licensed nurse would be called at the onset of illness, injury or change in condition of any client to arrange for assessment of the client's care needs or medical needs.

    The Connecticut General Statutes at Chapter 378 Section 20-87a (a) defined the practice of nursing by a registered nurse as the process of diagnosing human

responses to actual or potential health problems, providing supportive and restorative care, health counseling and teaching, case finding and referral, collaborating in the total health care regimen, and executing the medical regimen under the direction of a licensed physician, dentist or advanced practice registered nurse.

The Connecticut General Statutes at Chapter 378 Section 20-87a (c) defines the practice of nursing by a licensed practical nurse as, among other responsibilities, "the performing of selected tasks and sharing of responsibility under the direction of a registered nurse."

Review of agency documentation dated 12/04/23 identified a concern from the next of kin indicating that the client was laying on the floor 11/29/23 into 11/30/23 from 11 PM-4:30 AM after s/he reviewed the electronic device video recording in Client #1's room.

i. Interview and review of the agency documentation with the SALSA on 12/19/23 at 10 AM identified that ALSA aide #1was interviewed about care provided the night of the fall on 11/30/23, s/he indicated to LPN #1 that s/he toileted the client at 2 AM, then recanted the statement and indicated that safety checks were not performed during the night until the client was found on the floor at 4:30 AM and failed to follow the care plan for every two hour safety checks and failed to ensure the client was free from neglect.

The ALSA aide was suspended pending the complete investigation and then terminated on 12/04/23.

Plan of Correction for Violation #1

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 (d) Governing Authority of an assisted living services agency (4)(f) and (g) Supervisor of assisted living services (2) (A) (B) and (h) Nursing services provided by an assisted living services agency (3)(C).

2. Based on clinical record reviews, agency policies, and interview with agency personnel for three of three clients (Client #1, 2 and 3) the Supervisor of Assisted Living Services Agency (SALSA) failed to complete 120-day assessments in a timely manner.

    a. Client #1 was admitted to the memory care assisted living services agency (ALSA) program on 10/19/16. The admitting diagnoses included dementia, hyperlipidemia and anxiety. The client service plan dated 6/05/23 identified the need for assistance with bathing, dressing, toileting, written documentation of every two-hour safety checks and medication management.

        i. Interview and review of the client service plan with the SALSA on 12/19/23 at 1 PM identified that the last nursing assessment was completed on 6/05/23, indicated that the former SALSA and RN Designee did not keep the service plans current and failed to complete a nursing assessment every one hundred and twenty (120) days according to agency policies. Subsequent to surveyor inquiry, the RN Designee updated the service plan on 12/19/23.

        Client #2 was admitted to the memory care assisted living services agency (ALSA) program on 2/08/21. The admitting diagnoses included dementia, hypertension and muscle weakness. The client service plan dated 3/07/23 identified the need for assistance with bathing, dressing, grooming, every two-hour safety checks and medication management.

        i. Interview and review of the client service plan with the SALSA on 12/19/23 at 1:10 PM identified the last nursing assessment was completed on 3/07/23 and failed to complete a nursing assessment every one hundred and twenty (120) days according to agency policies.

        Client #3 was admitted to the memory care assisted living services agency (ALSA) program on 3/25/22. The admitting diagnoses included cerebral atrophy and abdominal aneurysm. The client service plan dated 5/24/23 identified the need for assistance with bathing, dressing, grooming, toileting, every two-hour safety checks and medication management.

        i. Interview and review of the client service plan with the SALSA on 12/19/23 at 1:15 PM identified the last nursing assessment was completed on 5/24/23 and failed to complete a nursing assessment every one hundred and twenty (120) days according to agency policies.

POC accepted 2/21/24 KS

Brandywine Living at Litchfield

Plan of Correction for Violation of Regulations of CT State Agencies Dated December 19, 2023

Submitted:

Violation	Corrective Measure	Date of Effect	Monitoring Plan Quality Assessment / Performance Improvement	Responsible Team Member
Failure to notify on call RN after a fall.	12/21/23 education was performed with staff (see attached). Brandywine policy and procedure post fall and change in condition was reviewed. 1/23/24 education regarding nurse support and on call protocol was performed with the LPN's and RN's	12/21/23 1/23/24	Monitoring of incidents and residents as well as assessments are done by the DOW and Ast DOW (as needed) via chart review and communication with staff weekly.	Director of Wellness and Nurse Designee
Failure of RN to assess the client after a fall.	12/21/23 education was performed with staff (see attached). Brandywine policy and procedure post fall and change in condition was reviewed.	12/21/23	Monitoring of incidents and residents as well as assessments are done by the DOW and Ast DOW (as needed) via chart review and communication with staff weekly. Use of fall tracking white board in both nursing stations which are updated shift by shift.	Director of Wellness and Nurse Designee
Failure to ensure the client was	12/21/23 education was performed with staff (see attached). Brandywine T.R.U.S.T. Program	12/14/23 & 12/21/23	Monitoring of incidents and residents as well as assessments are done by the DOW and Ast	Director of Wellness and Nurse Designee

POC accepted 2/21/24 ck

free from neglect.	was reviewed. Employee was terminated.	12/4/23	DOW (as needed) via chart review and communication with staff weekly. Ongoing education with team. New safety check forms.	
Failure to keep the service plans current and to complete a nursing assessment every one hundred and twenty (120) days.	RN Designee started 9/18/23 and Director of Wellness 10/18/23. Prior to that the positions were vacant. RN Designee started working on the reassessments, which were behind, within the first two weeks of hire. A majority of the assessments were out of date on his arrival.	9/18/23 the RN Designee started and 10/18/23 the Dir. Of Wellness Started	Weekly review of service plan tracking spreadsheet started 1/15/24. Weekly nursing meeting started 12/20/23 Weekly Resident Roster Meeting started 1/15/24. Review of policy and procedure "Nursing Services Provided by the ALSA – CT" (Attached)	RN Designee and Director of Wellness