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

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity	*Signature of FLIS Staff*	
Addison Place at Glastonbury	**Elizabeth T Heiney SNC**	**Nurse Consultant**
1177 Hebron Ave Glastonbury CT 06033		

Licensure Category: ALSA 225 Census: 74 Capacity: 81
Memory Care/Traditional 17

Date(s) of onsite inspection: 5/8/24

Date(s) additional information obtained: _____

Personnel contacted: Sandra Calmark ED. scarlmark@hallkeen.com, Martha Sawyer SALSA msawyer@hallkeen.com _____

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[X] Licensing Inspection [] *Initial* [X] *Renewal* [ ] *Other (e.g.strikes)*: _____

[] Visit **OR** Revisit for the purpose of

X[] See Complaint Investigation 37615

[X] Violations of the General Statutes of Connecticut and/or regulations of Connecticut State Agencies were identified at the time of this inspection. See attached violation letter dated 5-21-24

[ ] Desk Audit _____ [ ] Amended Letter: _____ Original Ltr _____

[ ] Citation # _____ was issued to this facility as a result of this inspection.

[] Violations of the General Statutes of Connecticut and/or the regulations of Connecticut State Agencies **were not** identified at the time of this inspection.

[ ] Citation # _____ was/was not verified as corrected. See attached narrative report.

[ ] Narrative report/additional information attached.

[ ] See Certification File.

[ ] Referral(s) to _____

[ ] Verification of Alzheimer's special care units or programs or [ ] Not applicable

[X] Part Time Infection Prevention and Control Specialist and other requirements of P.A. 21-185 Martha Sawyer RN SALSA

REPORT SUBMITTED BY: Elizabeth T. Heiney SNC DATE OF REPORT: 5/10/24

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

May 23, 2024

Sandra Calmark, Executive Director
Addison Place At Glastonbury
1177 Hebron Avenue
Glastonbury, CT 06033
Via E-mail: scarlmark@hallkeen.com

Dear Ms. Calmark:

An unannounced visit was made to Addison Place At Glastonbury on May 8, 2024 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation and a licensure renewal inspection.

Attached is a violation of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which was 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 June 2, 2024.

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 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 violation and you may be provided with the opportunity to be heard. If the violation is not responded to by June 2, 2024 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

Please return your response to Elizabeth Heiney, Supervising Nurse Consultant, 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 BS RN BC

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

ETH:lst

c. VL

CT #37615

The following is a violation of the Connecticut General Statute 19a-562 (b)- Written disclosure requirement for Dementia Special Care Unit:

1. Based on review of the agencies Memory Care clients admission and service record documentation, and interview with agency personnel, for seven (7) of seventeen (17) Clients (Clients # 1, 3, 6, 7, 8, 11, and 15), residing in the Memory Care Unit, the agency failed to ensure completion of the Dementia Special Care Unit/Memory Care Unit disclosure agreement, between the client and/or legal representative. The findings include.

    a. Interview and review of the Memory Care Unit with the Executive director and Business Manager on 5/8/24 at 2:00pm, identified 17 clients are currently residing within the Memory Care/Locked Dementia Special Care Unit at the facility. Review of the tenant/service plan records for Client's # 1-17, failed to identify a signed Special Care Unit disclosure was completed for Clients # 1, 3, 6, 7, 8, 11, and 15. The Executive Director further identified that the 7 incomplete/missing disclosures were from existing facility clients, that internally transferred to the Memory/ Special Care Unit.

    Client #1 was admitted to the Dementia Special Care Unit/Memory Care on

    Client #1 was admitted to the Dementia Special Care Unit/Memory Care on

    Client #1 was admitted to the Dementia Special Care Unit/Memory Care on

    Client #1 was admitted to the Dementia Special Care Unit/Memory Care on

    Client #1 was admitted to the Dementia Special Care Unit/Memory Care on

    Interview and review of the agency documentation with the Executive Director, and Business Director on 5/9/24 at 2:45 pm identified, there are currently 18 clients residing in the Dementia Special Care/Memory Care Unit, in the facility. Review of Client # 1, 2, 3, 4, 5, 6, agency financial files identified not completed.

    Plan of Correction to Violation #1:

Accepted
5/31/24
ET Heiney SNC

AddisonPlace
at Glastonbury
Assisted Living & Memory Care

May 28, 2024

Elizabeth Heiney, BS, RN, BC
Supervising Nurse Consultant
Facility Licensing and Investigations Section
410 Capitol Avenue – MS# 12FLIS
P.O. Box 340308
Hartford, CT 06134-0308
Elizabeth.Heiney@ct.gov

Re-licensure Survey

Dear Ms. Heiney, BS, RN, BC,
Enclosed please find a Plan of Correction for Addison Place at Glastonbury related to the unannounced visit on May 8, 2024. Please note, Addison Place at Glastonbury, the Managed Residential Community, and the Assisted Living Services Agency submit this Plan of Correction to comply with state regulatory provisions. The preparation and submission of the Plan of Correction does not constitute an admission of fault or liability on the part of Addison Place at Glastonbury, the Managed Residential Community and or the Assisted Living Services Agency or any agreement regarding the truth or accuracy of the facts alleged or the conclusions drawn.

If you have any questions regarding the enclosed Plan of Correction, please contact me at 860-652-3444.

Sincerely,

Sandra Carlmark
Executive Director

AddisonPlace
at Glastonbury
Assisted Living & Memory Care

The following is a violation of the Connecticut General Statute 19a-562 (b) – Written disclosure requirement for Dementia Special Care Unit:

1. Based on review of the agencies memory Care clients admission and service record documentation, and interview with agency personnel, for seven (7) of seventeen (17) Clients (Clients #1, 3, 6, 7 ,8, 11 and 15), residing in Memory Care Unit, the agency failed to ensure completion of the Dementia Sepcial Care Unit/ Memory Care Unit Disclosure agreement, between the client and/or the legal representative. The findings included:
    a. Interview and review of the Memory Care Unit with the Executive Director and Business Manager on 5/8/24 at 2:00pm, identified 17 clients are currently residing within Memory Care/ Locked Dementia Special Care Unit at the facility. Review od the tenant/ service plan records for Clients #1 -17, failed to identify a signed Special Care Unit Disclosure was completed for Clients #1, 3, 6, 7, 8, 11 and 15. The Executive Director further identified that the 7 incomplete/missing disclosures were from existing facility clients that internally transferred to the Memory/ Special Care Unit.

Plan of correction to Violation #1:

Director of Community Relations will obtain the Written Disclosure for all new residents moving into the Dementia Special Care Unit. The Memory Care Disclosure is on the checklist of required move in documents.

Business Office Manager will obtain the Written Discloser for all internal transfers moving to the Dementia Special Care Unit. The Memory Care Disclosure has been added to the business office file document list.

The Executive Director or their designee will audit resident business files during Quality Assurance Review 3 times annually to ensure every Dementia Special Care Resident has a Written Disclosure. If any Written Disclosures are missing the Executive Director or their Designee will track weekly until the form is obtained & filed in the Resident Business File.

The Executive Director will obtain the current missing Written Disclosures from the legal representatives for residents 1, 3, 6, 8, 11 and 15. The Written Disclosure was emailed to the legal representatives for each of the identified residents on 5/20/24. The Executive Director will follow up weekly with each legal representative until all Written Disclosures are in place no later than 6/20/24.