STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

Accepted
CT Hwy RN SWL
1/23/25

January 9, 2025

Melissa Boyle, Executive Director
Brighton Gardens Of Stamford Alsa
59 Roxbury Road
Stamford, CT 06902
Via E-mail: Fairfield.RCD@sunriseseniorliving.com

Dear Ms. Boyle:

EJD

An unannounced visit was made to Brighton Gardens Of Stamford Alsa on December 17, 2024 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation.

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, along with your original state violation letter, to the Department by January 19, 2025.

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 January 19, 2025 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.

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
Complaint CT #40048

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (e) General Requirements of an Assisted Living Service Agency (1) and/or (g) Supervision of assigned assisted living aides services.

1. Based on staff interview, review of agency documentation, review of the agency investigation timeline, and review of the emergency assistance call system time report, for one (1) of two (2) clients receiving services from the assisted living service agency (ALSA), the agency staff failed to respond in a timely manner to calls for assistance. The findings included:
    a. Client #1 had a move in date of 1/25/23 to the tradition assisted living community, with admission diagnoses included anemia, hypertension, obesity, depression, atrial fibrillation, and heart failure.

    Review of the client service program dated 8/14/24 identified that Client #1 required assistance with incontinence care, assist of one with grooming, personal hygiene, dressing, assistance with toileting, required assist of 1-2 staff related to resistance to care needs, including toilets, bathing and required medication management.

    Review of the call system timeline with the Executive Director and the Supervisor of Assisted Living (SALSA) on 12/17/24 at 10:13am, identified staff response times to answer Client #1's emergency call system ranged from 11 to 24 minutes, but failed to identify "a timely response parameter" by staff members.

    On 7/13/24 at 1:09 pm the response time by nursing/aide staff was 11 minutes. On 7/13/24 at 1:35pm response time was 12 minutes. On 7/13/24 at 2:49pm the response time was 24 minutes, but the agency failed to identify supervision of the agency staff in the timely response to an emergency pendant call for assistance.

    Plan of Correction to Violation #1:

Accepted
1/23/25
CT Healing RN SW

Sunrise Senior Living
Plan of Correction

Name of Community: Sunrise of Fairfield
Address of Community: 1571 Stratfield Rd. Fairfield, CT 06825
License number: A – 1086 – Brighton Gardens of Stamford
Inspection date(s): 12/17/2024
Name/Title of Legal Entity Representative Signing the Plan of Correction:
Melissa Boyle, Executive Director

Signature of Sunrise Representative: M Boyle
Date of Submission: 01/17/2025

Regulation	Target Date by Which Correction will be completed	Plan of Correction
Section 19-13-D105 (e) General Requirements of an Assisted Living Service Agency (1) and/or (g) Supervision of assigned assisted living aides services.	*2/28/2025*	1. **Staff Training and Education:** o Resident Care Director/SALSA and RN Designee will conduct mandatory in-service trainings for all caregiving staff on the importance of prompt responses to emergency calls. o The training will be documented, and all staff will sign off to confirm completion. 2. **Review of Call System:** o A thorough inspection of the pull cord system will be conducted by Maintenance Coordinator to ensure that all devices are functioning correctly. If any malfunctioning or faulty equipment is identified, it will be promptly repaired or replaced. 3. **Response Time Monitoring:** ▪ Data from the monitoring system will be reviewed regularly by Assisted Living Coordinator, Resident Care Director/SALSA and/or Executive Director, and any delays will be investigated and addressed immediately. ▪ The results will be discussed at the Quality Assurance Performance Improvement (QAPI) program meetings. The QAPI program meetings will identify the need for continued interventions to the process or retraining. The SALSA, Executive Director, and QAPI Committee is responsible for POC monitoring and continued corrective action.

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Sunrise Senior Living
Plan of Correction

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Address of Community: 1571 Stratfield Rd. Fairfield, CT 06825
License number: A – 1086 – Brighton Gardens of Stamford
Inspection date(s): 12/17/2024
Name/Title of Legal Entity Representative Signing the Plan of Correction:
Melissa Boyle, Executive Director

Signature of Sunrise Representative: MBoyle
Date of Submission: 01/17/2025

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