STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

Accepted
3/17/25
ET Hennessy RN SWC

March 3, 2025

David Sylvaria, Executive Director
Atria Crossroads Place
One Beechwood Drive
Waterford, CT 06385
Via E-mail: David.sylvaria@atriaseniorliving.com

Dear David Sylvaria:

An unannounced visit was made to Atria Crossroads Place on February 21, 2025, by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation and licensing inspection.

Attached is the 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 March 13, 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 **March 13, 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.

Respectfully,

Elizabeth T. Heiney SNC

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

ETH: ba

c. VL
Complaint # ~~41272~~ 41772 Elizabeth T Heiney SNC

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing Authority (4) (A) and/or (e) General requirements for an assisted living services agency (1) and/or Connecticut General Statute 19a-563 (2) (b) Nursing homes and dementia special care units. Infection prevention and control specialists.

1. Based on review of agency documentation, and interview with agency personnel, the Governing Authority and Assisted Living Service Agency failed to ensure a qualified part-time Infection Control and Prevention Specialist was appointed and assigned to the agency Memory Care unit. The findings include:

    a. Interview with the Executive Director (ED) and Supervisor of Assisted Living Service Agency (SALSA) on 2/21/25 at 11:00am, identified at the time of this survey, there is no appointed Infection Control Prevention Specialist at the facility. Both the ED and SALSA identified that infection control practices and training are performed and monitored by the nursing team, led by the SALSA and RN Designee.

Plan of Correction for Violation #1:

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (e) General requirements for an assisted living services agency (1) and/or (h) Nursing Services provided by an assisted living services agency (3) (C) and/or (k) Client Service Record (2) (H).

2. Based on review of clinical documentation, review of agency records and interview with agency personnel for two (2) of four (4) clients (Clients # 2 and #4) serviced by the Assisted Living Service Agency (ALSA), the agency failed to ensure a Registered Nurse (RN) assessment was completed not less frequently than every 120-days. or based on a client's change in condition. The findings include:

   a. Client #2 moved into the agency on 8/10/24 with diagnoses that included Osteopenia, history of a right hip fracture, spinal stenosis, memory changes and coronary heart disease. Review of the agency service plan dated 1/17/25 identified Client #2 required assistance from the ALSA aides for daily wake up assistance, reminder for fall safety, bathing/showering, assistance with medications, supervision with transfers, toileting and safety checks 3 times a day.

      Review of Client # 2's service plans dated 1/17/25 and 9/13/25 with the SALSA on 2/21/25 at 2:00pm identified, the agency failed to complete an RN assessment every 120-days or based on a change in the client's condition by 1/11/25 due date per the regulation.

      Client # 4 moved into the agency on 5/30/24 with diagnoses that included cognitive impairment (Alzheimer's), osteopenia, hypertension, gastric reflux. The client's service plan dated 1/20/25 identified client needed assistance from ALSA aides for fall reminders, ADL's, showering/bathing, direction for dressing, and medication administration/management.

      Review of Client #4's service plan dated 1/20/25 and 9/20/24 with the SALSA on 2/21/25 at 2:00pm identified, the agency failed to complete an RN assessment every 120-days or based on a client's change in condition by 1/18/25, per the regulation.

Plan of Correction for Violation #2:

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (e) General requirements for an assisted living services agency (1) and/or (i) Assisted living aide services provided by an assisted living services agency (5) (B) and/or (k) Client Service Record (1).

3. Based on clinical record reviews, review of agency documents and interviews with agency personnel for one (1) of four (4) clients in the survey sample, (Client #2) who depended on the Assisted Living Services Agency (ALSA) for assistance with activities of daily living, medication management, safety checks and nursing assessments. The Assisted Living Services Agency (ALSA) failed to ensure a client's safety from falls that resulted in injury and failed to ensure an accurate clinical record. The findings include:

   a. Client #1 had a move-in date of 5/26/24 to the traditional ALSA services, with transfer to the memory care unit on 10/8/25, due to increased cognitive impairment-dementia, other diagnoses included chronic atrial fibrillation, chronic bronchitis, history of falls and Diabetes Mellitus. Review of the client's service plan dated 10/8/24 identified the client required assistance from the ALSA aides for intervention for fall risk 3 times a day, assistance with ADL's, bathing/showering, medication administration, cueing for toileting, and status checks 5 times per day.

   Review of the nursing notes dated 10/8/25 identified client had been moved to the memory care unit as a result of increased confusion and a change in behaviors, that included increased confusion, pulling the facility fire alarm, and urinating in the facility elevator. Further review of the nursing notes dated 10/25/24 through 11/8/24 identified Client #1 had four (4) falls in his/her apartment from 10/25/24 to 11/8/24.
   Review of the nursing notes dated 10/25/24 identified Client #1 reported to agency staff that he had tripped in the apartment and fell against the wall striking his head. Client was transported by ambulance to the hospital for evaluation.

   Review of the nursing notes dated 10/28/24 identified aide staff found Client #1 laying on the floor of his/her apartment, with his/her head against the wall. Client was transport by ambulance to the hospital for evaluation.

   Review of the nursing notes dated 11/7/24 identified aide staff found Client #1 in the unit dining room with an injury to his/her left knee. Client #1 advised staff that they had fallen in his/her apartment. No hospital evaluation was performed per Power of Attorney's (POA) request.

   Review of the nursing notes dated 11/8/24 identified aide staff found Client #1 on the floor of his/her apartment bleeding from the head. 911 was called and transported client to the hospital for a medical evaluation.

   Review of the agency aide task sheet, Client Service Program assessment dated 10/8/24 and 11/7/24 and the nursing notes dated 10/8/24 through 11/11/24 with the Supervisor of

Assisted Living Service Agency (SALSA) and Life Guidance director (LG director-Memory Care) identified Client #1 was moved to the Life Guidance Memory Care Unit on 10/8/24 as a result of increased confusion and a change in behaviors, that included increased confusion, pulling the facility fire alarm, and urinating in the facility elevator. Further review of the nursing notes dated 10/25/24 through 11/8/24 identified Client #1 had four (4) falls in his/her apartment from 10/25/24 to 11/8/24.

Review of the aide task sheet identified agency care staff were assigned and responsible for monitoring Client #1, 3 times a day for fall risks, and 5 times a day for status checks on overnight shifts. The last status check documented on 11/7/24 was at 10:00pm, and the status checks identified at 12:00am (Fall reduction). 2:00am, 4:00am (status check), were marked off as "Incomplete - resident not available", even though client was in his/her apartment that night. Both the SALSA and LG director did not know of any reason the ALSA aide would document that finding in the record. The agency failed to identify any staff member performed a status check on Client #1 from 10:00pm on 11/7/24 until 11/8/24 at 5:44am, when staff found Client #1 on the floor, injured, for an undisclosed period of time.

The agency staff failed to complete the assigned care tasks for a client and failed to guarantee the safety of the client in the memory care unit with a history of falls, (4 falls in 13 days), and failed to ensure an accurate clinical record.

Plan of Correction for Violation #3:

Accepted
3/17/25
CT Heiney RN BSN

State of Connecticut
Department of Public Health
Facility Licensing & Investigations Section
410 Capitol Ave, MS# 12FLIS
P.O. Box 340308
Hartford, CT 06134

Email to: Elizabeth.Heiney@ct.gov

RE: Plan of Correction for Atria Crossroads Place

Please find attached the Plan of Correction for the state survey that was conducted at Atria Crossroads Place on February 21, 2025.

If you have any questions concerning the Plan of Correction, please contact me at 860-444-6700 or 401-323-8586.

Respectfully,

David Sylvaria
Executive Director
Atria Crossroads Place
David.sylvaria@atriaseniorliving.com

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing Authority (4) (A) and/or (e) General requirements for an assisted living services agency (1) and/or Connecticut General Statute 19a-563 (2) (b) Nursing homes and dementia special care units. Infection prevention and control specialists.

1. Based on review of agency documentation, and interview with agency personnel, the Governing Authority and Assisted Living Service Agency failed to ensure a qualified part-time Infection Control and Prevention Specialist was appointed and assigned to the agency Memory Care unit. The findings include:

    a. Interview with the Executive Director (ED) and Supervisor of Assisted Living Service Agency (SALSA) on 2/21/25 at 11:00am, identified at the time of this survey, there is no appointed Infection Control Prevention Specialist at the facility. Both the ED and SALSA identified that infection control practices and training are performed and monitored by the nursing team, led by the SALSA and RN Designee.

Plan of Correction for Violation #1:

The RN Designee has been designated as the Infection Control Nurse per Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing Authority (4) (A) and/or (e) General requirements for an assisted living services agency (1) and/or Connecticut General Statute 19a-563 (2) (b) Nursing homes and dementia special care units. Infection prevention and control specialists.

The RN Designee position is a full-time 40hr per week position. 20hrs will be dedicated to various assigned tasks related to the designee job description. 20hrs will be dedicated to being the Infection Control Nurse.

The ED will ensure that the RN Designee/Infection Control Nurse receives the required training no later than June 1, 2025. The RN Designee/Infection Control Nurse will ensure that the community is 100% compliant with the regulation by the end of the 2025 calendar year.

The RSD (SALSA) and/or ED will meet with the RN Designee/Infection Control Nurse monthly to ensure that the protocols are being followed and documented in accordance with the regulation.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (e) General requirements for an assisted living services agency (1) and/or (h) Nursing Services provided by an assisted living services agency (3) (C) and/or (k) Client Service Record (2) (H).

2. Based on review of clinical documentation, review of agency records and interview with agency personnel for two (2) of four (4) clients (Clients # 2 and #4) serviced by the Assisted Living Service Agency (ALSA), the agency failed to ensure a Registered Nurse (RN) assessment was completed not less frequently than every 120-days. or based on a client's change in condition. The findings include:

    a. Client #2 moved into the agency on 8/10/24 with diagnoses that included Osteopenia, history of a right hip fracture, spinal stenosis, memory changes and coronary heart disease. Review of the agency service plan dated 1/17/25 identified Client #2 required assistance from the ALSA aides for daily wake up assistance, reminder for fall safety, bathing/showering, assistance with medications, supervision with transfers, toileting and safety checks 3 times a day.

    Review of Client # 2's service plans dated 1/17/25 and 9/13/25 with the SALSA on 2/21/25 at 2:00pm identified, the agency failed to complete an RN assessment every 120-days or based on a change in the client's condition by 1/11/25 due date per the regulation.

    Client # 4 moved into the agency on 5/30/24 with diagnoses that included cognitive impairment (Alzheimer's), osteopenia, hypertension, gastric reflux. The client's service plan dated 1/20/25 identified client needed assistance from ALSA aides for fall reminders, ADL's, showering/bathing, direction for dressing, and medication administration/management.

    Review of Client #4's service plan dated 1/20/25 and 9/20/24 with the SALSA on 2/21/25 at 2:00pm identified, the agency failed to complete an RN assessment every 120-days or based on a client's change in condition by 1/18/25, per the regulation.

Plan of Correction for Violation #2:

The RSD (SALSA) conducted an audit of all residents to ensure that their 120-day assessments are calculated properly as to not exceed the required 120-day guideline.

The RSD will ensure that all resident assessments are completed per the state requirements. The RSD will conduct a monthly audit of resident files to ensure that assessments are being completed and documented in accordance with the regulation.

The ED will conduct a quarterly audit of resident files to ensure that assessments are being completed and documented in accordance with the regulation.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (e) General requirements for an assisted living services agency (1) and/or (i) Assisted living aide services provided by an assisted living services agency (5) (B) and/or (k) Client Service Record (1).

3. Based on clinical record reviews, review of agency documents and interviews with agency personnel for one (1) of four (4) clients in the survey sample, (Client #2) who depended on the Assisted Living Services Agency (ALSA) for assistance with activities of daily living, medication management, safety checks and nursing assessments. The Assisted Living Services Agency (ALSA) failed to ensure a client's safety from falls that resulted in injury and failed to ensure an accurate clinical record. The findings include:

   a .Client #1 had a move-in date of 5/26/24 to the traditional ALSA services, with transfer to the memory care unit on 10/8/25, due to increased cognitive impairment-dementia, other diagnoses included chronic atrial fibrillation, chronic bronchitis, history of falls and Diabetes Mellitus. Review of the client's service plan dated 10/8/24 identified the client required assistance from the ALSA aides for intervention for fall risk 3 times a day, assistance with ADL's, bathing/showering, medication administration, cueing for toileting, and status checks 5 times per day.

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   Review of the nursing notes dated 10/28/24 identified aide staff found Client #1 laying on the floor of his/her apartment, with his/her head against the wall. Client was transport by ambulance to the hospital for evaluation.

   Review of the nursing notes dated 11/7/24 identified aide staff found Client #1 in the unit dining room with an injury to his/her left knee. Client #1 advised staff that they had fallen in his/her apartment. No hospital evaluation was performed per Power of Attorney's (POA) request.

   Review of the nursing notes dated 11/8/24 identified aide staff found Client #1 on the floor of his/her apartment bleeding from the head. 911 was called and transported client to the hospital for a medical evaluation.

   Review of the agency aide task sheet, Client Service Program assessment dated 10/8/24 and 11/7/24 and the nursing notes dated 10/8/24 through 11/11/24 with the Supervisor of Assisted Living Service Agency (SALSA) and Life Guidance director (LG director-Memory Care) identified Client #1 was moved to the Life Guidance Memory Care Unit on 10/8/24 as a result of increased confusion and a change in behaviors, that included increased confusion, pulling the facility fire alarm, and urinating in the facility

elevator. Further review of the nursing notes dated 10/25/24 through 11/8/24 identified Client #1 had four (4) falls in his/her apartment from 10/25/24 to 11/8/24.

Review of the aide task sheet identified agency care staff were assigned and responsible for monitoring Client #1, 3 times a day for fall risks, and 5 times a day for status checks on overnight shifts. The last status check documented on 11/7/24 was at 10:00pm, and the status checks identified at 12:00am (Fall reduction). 2:00am, 4:00am (status check), were marked off as "Incomplete - resident not available", even though client was in his/her apartment that night. Both the SALSA and LG director did not know of any reason the ALSA aide would document that finding in the record.

The agency failed to identify any staff member performed a status check on Client #1 from 10:00pm on 11/7/24 until 11/8/24 at 5:44am, when staff found Client #1 on the floor, injured, for an undisclosed period of time. The agency staff failed to complete the assigned care tasks for a client and failed to guarantee the safety of the client in the memory care unit with a history of falls, (4 falls in 13 days), and failed to ensure an accurate clinical record.

Plan of Correction for Violation #3:

The RSD (SALSA) will re-educate all care staff within 30-days on the importance of completing all assigned ADLs for every resident.

The RSD (SALSA) will re-educate all care staff within 30-days on proper completion and documentation of resident ADLs.

The RSD or RN Designee will audit the system each day to ensure that the care staff are not only completing assigned tasks but documenting the completion of ADLs appropriately. Any staff that have not completed and documented their tasks appropriately, will be re-educated and/or issued corrective action following an investigation of the circumstances.

The ED will meet with the nursing team every quarter as part of the required QA to review ADL task completion and documentation.