STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

March 19, 2025

Accepted 3/25/25

Ellen Casey, Executive Director
The Greens at Cannondale
435 Danbury Road
Wilton, CT 06897
Via E-mail:ecasey@thegreensatcannondale.com

Dear Ellen Casey:

An unannounced visit was made to The Greens at Cannondale on February 4, 2025 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation with additional information received through March 10, 2025.

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 29, 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 29, 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 # 42974

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 Assisted living services agency (e) General requirements for an assisted living services agency (1) and/or (g) Supervisor of assisted living services (2) (B) and/or (m) Client's bill of rights and responsibilities (5).

1. Based on clinical record review, review of agency documentation, interview with agency personnel and review of agency policy for one of one client (Client #1) receiving personal care and safety monitoring in the locked Memory Care unit, the agency failed to identify and evaluate an injury of unknown origin and failed to ensure the safety of the client from injuries of unknown origin. The findings include:

    a. Client #1 had a move in date of 1/23/2023 to the agency Memory Care unit, with diagnoses that included dementia unspecified, psychotic disturbances, mood disturbances, anxiety, insomnia, Hypertension, Atrial Fibrillation, hallucinations, and suicidal ideation. Review of the client service plan identified they received assistance from agency staff for bathing, dressing/grooming, fall monitoring and medication management by nursing staff.

    Interview and review of the agency investigation report with LPN # 4 (Manager of the Memory Care Unit) on 3/10/25 at 2:00pm, identified that on 1/31/25, a family member came to the facility to meet the client for breakfast at approximately 7:45 am. Upon entry to the client's room the family member and staff found the client in bed, fully clothed, with bruising noted to the face and neck, right upper back of chest, and left hand.

    Agency personnel obtained statements from staff working the evening shift of 1/30/25 and the night shift of 1/31/25. Facility video surveillance system was also reviewed and identified Client # 1 was observed walking throughout the unit after dinner, and then returning to his/her apartment from 7:43pm until 1:21am, which was substantiated by the statements obtained from LPN # 1 and Aide # 1. At approximately 1:21am the client came out of the room without his/her walker and appeared unsteady. Client was observed reentering his/her room and retrieving the walker and continued ambulating in the unit's common areas and hallways, stopping and resting periodically and interacting with staff normally until 4:57 am. At this time, client was redirected by aide staff back to his/her room and assisted into bed. LPN #4 indicated there was no substantiated time frame when Client #1 sustained the injuries, possibly from a fall, but indicated it most likely happened during the time period of 10:30pm on 1/30/25 to 1:21am on 1/31/25 when he/she was in his/her room alone, but failed to identify the assurance for the safety of Client # 1 from physical harm and injury while residing within the locked memory care unit.

    Review of the statement from LPN #1 dated 1/31/25 (for the 3-11 shift on 1/30/25), identified that she observed Client #1 in bed at approximately 9:30pm on 1/30/25 when she took his/her hearing aids out. Client had been sleeping, she was awoken, the hearing aids removed, and no injuries were noted to client by LPN #1.

    Review of the statement from Aide # 1 dated 1/31/25 (for the 3-11 shift on 1/30/25)

identified that aide performed a safety check at approximately 10:30pm on 1/30/25 and found client in his/her bed fully clothed. Clients' shoes were removed, but client refused to change into their nightclothes. Aide #1 identified that no injuries were noted to the client at this time.

Review of the statement from LPN #2 dated 1/31/25 (for the 11-7 shift on 1/31/25) identified the last time she observed Client #1 was a few minutes before 5:00am on 1/31/25, when client was sleeping in a chair outside of another room. No injuries were noted on the client, as she was sleeping on her right side in a chair. When the nurse came out of the room, client had awoken and was not in sight.

Review of the statement from Aide #3 dated 1/31/25 (for the 11-7 shift on 1/31/25) identified the last time she observed Client #1 was when he/she was sitting in a chair in the hallway near room outside another room. Aide #3 noted a darker skin color around the client's eye, but thought it was an old injury. Aide #3 did show the bruise to Aide # 2, who was caring for the client on the 11-7 shift, but failed to identify notification to the 11p-7a nurse of the facial bruise finding.

Review of the agency policy on Emergency Preparedness and prevention of accidents and injury. All staff are to check residents for changes in routine or status to help identify accidents or injuries. Including falls, change in status- ability to speak, see, move. Aides are to remain with the resident and notify the nurse on duty for evaluation and decision for care.

Plan of Correction for Violation #1:

The Greens
AT CANNONDALE

Accepted
3/25/25
E Heiney RN SWC

Elizabeth Heiney, B.S, R.N., B.C.
Supervising Nurse Consultant
Facility Licensing and Investigation Section
410 Capital Avenue, PO Box 340308
Hartford, Connecticut 06134-0308
Elizabeth.Heiney@ct.gov

Dear Ms. Heiney,

In response to your letter dated March 19, 2025, please note the enclosed Plan of Correction for The Greens at Cannondale.

The filing of this Plan of Correction does not constitute an admission that the deficiencies alleged did in fact exist. The plan is filed as evidence of the facility's desire to continue to provide high quality care. This Plan of Correction constitutes the facility's credible allegation of substantial compliance.

We continue to enjoy our partnership with the Department in the spirit of providing high quality, safe and dignified care for our seniors.

Please do not hesitate to contact me should you have any questions or concerns.

Sincerely,
Rosaline Lynch, RN
Director of Wellness and
Supervisor of Assisted Living Services Agency
The Greens at Cannondale
Attachment: Safety Checks Every 2 Hours in Memory Care Policy

Rosaline Lynch

435 Danbury Road • Wilton, Connecticut 06897
(203) 761-1191 • Fax: (203) 761-1193 • (888) 256-1707
www.thegreensatcannondale.com

The Greens at Cannondale

Plan of Correction-Connecticut State Agencies/ or General Statutes of CT

State Investigation completed on March 19, 2025

March 25, 2025

Alleged violation #1-Section 19-13-D105 Assisted Living Services Agency (e) General requirements for an assisted living services agency (1) and/or (g) Supervisor of assisted living services (2) (B) and/or (m) Client bill of rights and responsibilities (5).

The filing of this Plan of Correction does not constitute an admission in any form by The Greens of Cannondale, or its officers, directors, employees or contractors, as to the Department's findings or as to the specific violations alleged. The Greens at Cannondale files these Plans of Correction in the spirit of maintaining optimal resident care.

1) All licensed nursing staff will be re-in serviced on the facility policy for ensuring safety checks for memory care residents at least every 2 hours. This is the standard of care.

2) All Licensed nursing staff will be re- in-serviced on the facility policy for reporting changes in resident's status from Emergency Preparedness Policy.

3) This corrective measures will be effectuated by April 3 2025

4) Random report audits and nursing meetings will be conducted no less than quarterly to ensure that this corrective measure is sustained.

5) The SLASA and Evergreen Unit Manager will be responsible for monitoring this individual plan of care.

Submitted,
Rosaline Lynch, RN
Director of Wellness and
Supervisor of Assisted Living Services Agency
The Greens at Cannondale
Rosaline Lynch

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Emergency Preparedness

Emergencies are unexpected events that take the resident and staff by surprise. Residents are carefully monitored to prevent accidents or injury. Staff shall be trained in simple emergency procedures.

Medical Emergencies:

Medical emergencies require immediate assistance which may require immediate transfer to an acute care hospital. All staff members are to check residents for changes in the routine or status with the goal is to identify and prevent accidents or injuries. Licensed staff shall be trained in the emergency procedures including CPR and Heimlich Maneuver. Nurse STAT/Medical emergencies may require immediate transfers to a hospital for such emergencies, but not limited to:

- Fall
- Difficulty/no breathing
- Chest pain
- Unresponsiveness
- Bleeding
- Change in status – ability to speak, see or move
- Choking
- Missing resident
- Aggressive resident
- Fracture or severe laceration

Procedure:

1. Remain calm
2. Call the nurse immediately using the code via walkie talkie. The nurse will evaluate the resident.
   a. Code system for emergencies. Walkie talkies are to be used and all staff are to respond to all emergencies.
3. Remain with the resident until the nurse arrives and then follow the nurse's instructions
4. DO NOT MOVE A RESIDENT unless otherwise instructed
5. Once evaluated by the nurse the decision will be made whether the resident needs further evaluation and is transferred to the nearest emergency for evaluation.
   - If the resident is unresponsive and has no respiration or pulse 911 will be called and CPR initiated immediately unless the resident has a DNR – DO NOT RESUSCITATE.
   - The resident shall be stabilized based on the nurse's evaluation.

MANUAL TITLE:	**Nursing Policies**
PROCEDURE TITLE:	**Safety Checks Every Two Hours Memory Care**
EFFECTIVE DATE:	**6-01-2024**
REVISION DATE:	**3-11-2025**
RELATES TO POLICY:	

Purpose:

1. To ensure that residents are safe and receive any necessary care through hours of 9pm to 7 am. To utilize resident related data to determine that safety checks were provided.

2. To ensure timely care is provided as needed.

Policy: Safety checks must be completed at least every two hours in memory càre. This is the standard of care. All checks should be intentional.

1. Check the whereabouts of the residents to ensure that they are safe.
2. Provide incontinent care or toileting if the resident needs such care.
3. Provide repositioning for the residents as needed per plan of care.
4. If the resident is awake at night: offer food or fluid, then direct back to bed.
5. If you are unable to help the resident or redirect, consult the nurse on duty.
6. If the resident is awake, direct back to bed.

During Hours of 9 pm – 7 am

1. The CHECK button on the bathroom pull cord in the resident room must be pressed when you have completed your safety check and find that the resident is ok. EVERY TWO HOURS. ✓.
2. Do not pull the pullcord, simply press the check button, it will turn itself off after a few seconds. This registers on the pendant system. This is how we will track that safety checks were conducted.