Re-licensure

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

Accepted
3/30/25
CTHenry SWC

March 19, 2025

Kathy Hallet, Assistant Executive Director
Commonwealth Senior Living At Haddam
1556 Saybrook Road, Route 154
Haddam, CT 06438
Via Email: kathy.hallett@commonwealthsl.com

Dear Ms. Hallett:

An unannounced visit was made to Commonwealth Senior Living At Haddam on March 10, 2025 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a relicensure.

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 visits. 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 violations and you may be provided with the opportunity to be heard. If the violations are not responded to by March 29, 2025, or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

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

Please return your original violation letter, along with your Plan of Correction and 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,

/s/

Elizabeth Heiney, BS, RN, BC
Supervising Nurse Consultant
Facility Licensing and Investigations Section

EH:csf

c. VL

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 (13).

1. Based on review of agency documentation and interviews with agency personnel, the agency failed to maintain a complaint log in accordance with the regulations of the state of Connecticut. The findings include:
   a. Interview with the Executive Director on 03/10/2025 at 1:50 PM, failed to identify the agency had maintained a complaint log since 2023 which would include, but not necessarily limited to the name of the client and the day, nature, and resolution of the complaint.

Plan of Correction for Violation #1:

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (e) General requirements for an assisted living services agency (1).

2. Based on review of agency documentation and interviews with agency personnel, the agency failed to employ a part-time Infection Preventionist in accordance with the Connecticut General Statute 19a-563 (b) (Substitute House Bill No. 5500 Public Act No. 22-58). The findings included:
   a. Interview and review of agency documentation with the Supervisor of Assisted Living Services Agency (SALSA) on 03/10/2025 at 2:00 PM, identified the secure memory care unit had a current census of thirty clients (30) but failed to identify the agency employed a part-time infection prevention and control specialist. Connecticut general Statute 19a-563 (b) (Public act No 22-58) indicated a dementia special care unit with more than sixty residents would employ a full-time infection prevention and control specialist and a dementia special care unit with sixty clients or less would employ a part-time infection prevention and control specialist.

Plan of Correction for Violation #2:

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 Assisted living services agency (ALSA) (e) General requirements for an assisted living services agency (1) and (f) Personnel policies for an assisted living services agency (E) and (g) Supervisor of assisted living services (2)(A).

3. Based on review of agency documentation and agency personnel interviews, for one of four Assisted Living Service Agency (ALSA) aides, the agency failed to ensure annual physicals were completed. The findings include:
   a. Interview and review of ALSA aide #1's personnel file with the Executive Director on 03/10/2025 at 2:10 PM, identified ALSA aide #1's date of hire was 11/14/2023. The Executive Director failed to identify ALSA aide #1 had an annual employment physical examination since 2023.

Plan of Correction for Violation #3:

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 Assisted living services agency (ALSA) (d) Governing authority of an assisted living services agency (4)(A) and/or (g) Supervisor of assisted living services (2)(B) and/or (h) Nursing services provided by an assisted living services agency (1).

4. Based on clinical record reviews, agency policies, and interviews with agency personnel for four of six clients (Ct#3, 4, 5 and 6) in the survey sample who depended on the Assisted Living Services Agency for medication management. The agency failed to supervise assigned nursing personnel in the delivery of nursing services. The findings include:
   a. Client #3 had a physician's order for the administration of Morphine Sulfate 100 milligrams (mg)/ 5 milliliters (ml), Ativan 0.5 mg tablets and Ativan 2mg/ml.

   b. Client #4 had a physician's order for the administration of Morphine Sulfate 100 milligrams (mg)/ 5 milliliters (ml) and Ativan 0.5 mg tablets.

   c. Client #5 had a physician's order for the administration of Morphine Sulfate 100 milligrams (mg)/ 5 milliliters (ml) and Ativan 0.5 mg tablets.

d. Client #6 had a physician's order for the administration of Morphine Sulfate 100 milligrams (mg)/ 5 milliliters (ml) and Ativan 0.5 mg tablets.

Interview and review of Client #3, 4, 5 and 6's controlled substance count sheets with the Supervisor of Assisted Living Services Agency (SALSA) on 03/10/2025 at 2:15 PM, failed to identify weekly nurse audits of controlled medications were conducted by the Registered Nurse (RN) Designee since 07/22/2024 and failed to identify the daily counting of controlled substances by two persons had been conducted since 07/2024 in accordance with the agency's expectations.

Plan of Correction for Violation #4:

Accepted
3/30/25
CT Licensing SWC

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 (13).

1. Based on review of agency documentation and interviews with agency personnel, the agency failed to maintain a complaint log in accordance with the regulations of the state of Connecticut. The findings include:

> a. Interview with the Executive Director on 03/10/2025 at 1:50 PM, failed to identify the agency had maintained a complaint log since 2023 which would include, but not necessarily limited to the name of the client and the day, nature, and resolution of the complaint.

The community will maintain a complaint log to comply with the accordance of the regulations of the state of Connecticut.

Staff Inservice is in progress and will be ongoing in order to maintain compliance.

The complaint log in now kept in the Executive Directors office located on the first floor.

Complaints will be logged and addressed with a plan of correction and kept in the complaint logbook.

The corrective measure was put in effect on March 11, 2025.

The compliant book will be monitored weekly by the Executive Director

Plan of Correction for Violation # 2

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (e) General requirements for an assisted living services agency (1).

2. Based on review of agency documentation and interviews with agency personnel, the agency failed to employ a part-time Infection Preventionist in accordance with the Connecticut General Statute 19a-563 (b) (Substitute House Bill No. 5500 Public Act No. 22-58). The findings included:

> a. Interview and review of agency documentation with the Supervisor of Assisted Living Services Agency (SALSA) on 03/10/2025 at 2:00 PM, identified the secure memory care unit had a current census of thirty clients (30) but failed to identify the agency employed a part-time infection prevention and control specialist. Connecticut general Statute 19a-563 (b) (Public act No 22-58) indicated a dementia

special care unit with more than sixty residents would employ a full-time infection prevention and control specialist and a dementia special care unit with sixty clients or less would employ a part-time infection prevention and control specialist.

A part-time Infection Preventionist was identified to be in accordance with the Connecticut General Statute 19a-563 (b) (Substitute House Bill No. 5500 Public Act No. 22-58)

Community will be in compliance with this requirement by 4/15/2025

Resident Care Director will ensure compliance.

Plan of Correction for Violation # 3

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 Assisted living services agency (ALSA) (e) General requirements for an assisted living services agency (1) and (f) Personnel policies for an assisted living services agency (E) and (g) Supervisor of assisted living services (2)(A).

3. Based on review of agency documentation and agency personnel interviews, for one of four Assisted Living Service Agency (ALSA) aides, the agency failed to ensure annual physicals were completed. The findings include:

a. Interview and review of ALSA aide #1's personnel file with the Executive Director on 03/10/2025 at 2:10 PM, identified ALSA aide #1's date of hire was 11/14/2023. The Executive Director failed to identify ALSA aide #1 had an annual employment physical examination since 2023.

Human Resource will complete an audit of all employees' files and identify employees needing annual physical.

The corrective plan is to have total compliance within 30 days (4/24/25)

The Executive Director will monitor for compliance weekly.

Plan of Correction for Violation # 4

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 Assisted living services agency (ALSA) (d) Governing authority of an assisted living services agency (4)(A) and/or (g) Supervisor of assisted living services (2)(B) and/or (h) Nursing services provided by an assisted living services agency (1). 4. Based on clinical record reviews, agency policies, and interviews with agency personnel for four of six clients (Ct#3, 4, 5 and 6) in the survey sample who depended on the Assisted Living Services Agency for medication management. The agency failed to supervise assigned nursing personnel in the delivery of nursing services. The findings include:

a. Client #3 had a physician's order for the administration of Morphine Sulfate 100 milligrams (mg)/ 5 milliliters (ml), Ativan 0.5 mg tablets and Ativan 2mg/ml.

b. Client #4 had a physician's order for the administration of Morphine Sulfate 100 milligrams (mg)/ 5 milliliters (ml) and Ativan 0.5 mg tablets.

c. Client #5 had a physician's order for the administration of Morphine Sulfate 100 milligrams (mg)/ 5 milliliters (ml) and Ativan 0.5 mg tablets.

d. Client #6 had a physician's order for the administration of Morphine Sulfate 100 milligrams (mg)/ 5 milliliters (ml) and Ativan 0.5 mg tablets. Interview and review of Client #3, 4, 5 and 6's controlled substance count sheets with the Supervisor of Assisted Living Services Agency (SALSA) on 03/10/2025 at 2:15 PM, failed to identify weekly nurse audits of controlled medications were conducted by the Registered Nurse (RN) Designee since 07/22/2024 and failed to identify the daily counting of controlled substances by two persons had been conducted since 07/2024 in accordance with the agency's expectations.

Plan of Correction for Violation #4

The community will comply with counting controlled substances by two persons per shift daily.

Staff nurses' education completed to ensure compliance.

A narcotic book was initiated for daily narcotic count by the nurses

The nurse's daily narcotic count will be effective 4/1/2025

The weekly Narcotic count started on 3/11/2025

The RN Designee will audit narcotic count weekly for compliance.