CT # 43292
Accepted
3/30/25
CT#HennySNC

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

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. Hallet:

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 an investigation.

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

CONNECTICUT
Public Health

Phone: (860) 509-7400 • Fax: (860) 509-7543
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

(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.

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

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

Complaint #43292

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (e) General Requirement for an assisted living service agency (1) and (g) Supervisor of assisted living services (2)(A)(B) and (h) Nursing Services provided by an assisted living services agency (3)(F) and (m) Client's bill of rights and responsibilities (5).

1. Based on review of clinical records, review of agency documentation, review of the agency's incident report and interviews with agency personnel for one of two clients (Client #1) in the survey sample who received Assisted Living Services Agency (ALSA), the agency failed to conduct a complete and comprehensive investigation. The findings include:
   a. Client #1 was admitted to the ALSA on 09/14/2021 and resided in the secured memory care unit with diagnoses of dementia, hypertension, high cholesterol, chronic kidney disease, and joint disease. The Client's service plan dated 12/12/2024 identified the Client required nursing assessments, medication administration by a nurse and ALSA aide assistance with bathing, grooming, dressing, toileting, transfers and ambulation with a walker. Additionally, Client #1 was at risk for falls.

      Review of Licensed Practical Nurse (LPN) #1's nursing note dated 01/28/2025 at 10:14 AM, identified Client #1 had bruising to the left and right breasts and a lump to the right chest wall. LPN #1 further indicated the cause of the bruising was unknown.
      Review of Registered Nurse (RN) Designee's nursing note dated 01/28/2025 at 12:00 PM, indicated ALSA staff did not observe how or when the bruising occurred. The RN Designee assessed the Client, identified the Client had no pain and full range of motion.

      Review of the ALSA's incident report dated 01/28/2025 identified an ALSA aide notified LPN#1 on 01/28/2025 during the 07:00 AM to 3:00 PM shift, that Client #1 had bruising to the left and right breasts and upper abdomen. The ALSA staff indicated not observing the Client fall or injury his/herself. The Client's responsible person and physician were notified.

      Review of Supervisor of Assisted Living Services Agency's (SALSA) nursing note dated 01/29/2025 at 4:06 PM, identified she received notification from the RN Designee that Client#1 had bruising to the breastbone, upper abdominal wall and swelling to the upper right chest wall. The SALSA further indicated ALSA staff did not observe the Client fall or injury him/herself. The SALSA and RN Designee identified the Client may have fallen against his/her bed enabler bar (a grab bar, which is a sturdy, supportive device that attaches to the side of a bed to help an individual with mobility issues get out of bed) when attempting to self-transfer out of bed.

      Interview and review of Client #1's clinical record with the Executive Director, Assistant Executive Director and RN Designee on 03/10/2025 at 2:45 PM, failed to identify staffing agency Certified Nurse's Aide #1 (An aide employed by the staffing agency, who was placed in the ALSA to fill a temporary position to address a gap in the schedule) who provided care to Client #1 on 01/26/2025 and 01/27/2025 prior to observing bruises on the Client was interviewed during the ALSA's investigation.

The Assistant Executive Director identified staffing agency Certified Nurse's Aide #1 was asked not to return to the ALSA as he/she was heard speaking harshly to a client 01/27/2025 who resided in the secure memory care unit. The Executive Director and Assistant Executive Director failed to identify whether a subsequent investigation into the incident was conducted. Furthermore, the Assistant Executive Director identified staffing agency Certified Nurse's Aide #1 did not have a documented orientation to the ALSA's safety, care and community standards.

Review of the agency's Abuse, Neglect and Exploitation policy, identified if any client experienced abuse or when abuse was suspected, staff would be required to immediately provide notification to persons/agencies as described by policy. Staff must take seriously any client comments about potential abuse or unusual physical/mental signs/ conditions that may indicate possible abuse. A thorough investigation will be conducted by the Client Care Director or Executive Director. Witnesses or other periods would be interviewed as part of the investigation process, as necessary.

Plan of Correction for Violation #1:

Accepted 3/30/25 CTHenry SNC

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (e) General Requirement for an assisted living service agency (1) and (g) Supervisor of assisted living services (2)(A)(B) and (h) Nursing Services provided by an assisted living services agency (3)(F) and (m) Client's bill of rights and responsibilities (5). 1. Based on review of clinical records, review of agency documentation, review of the agency's incident report and interviews with agency personnel for one of two clients (Client #1) in the survey sample who received Assisted Living Services Agency (ALSA), the agency failed to conduct a complete and comprehensive investigation. The findings include:

a. Client #1 was admitted to the ALSA on 09/14/2021 and resided in the secured memory care unit with diagnoses of dementia, hypertension, high cholesterol, chronic kidney disease, and joint disease. The Client's service plan dated 12/12/2024 identified the Client required nursing assessments, medication administration by a nurse and ALSA aide assistance with bathing, grooming, dressing, toileting, transfers and ambulation with a walker. Additionally, Client #1 was at risk for falls. Review of Licensed Practical Nurse (LPN) #1's nursing note dated 01/28/2025 at 10:14 AM, identified Client #1 had bruising to the left and right breasts and a lump to the right chest wall. LPN #1 further indicated the cause of the bruising was unknown. Review of Registered Nurse (RN) Designee's nursing note dated 01/28/2025 at 12:00 PM, indicated ALSA staff did not observe how or when the bruising occurred. The RN Designee assessed the Client, identified the Client had no pain and full range of motion.

Review of the ALSA's incident report dated 01/28/2025 identified an ALSA aide notified LPN#1 on 01/28/2025 during the 07:00 AM to 3:00 PM shift, that Client #1 had bruising to the left and right breasts and upper abdomen. The ALSA staff indicated not observing the Client fall or injury his/herself. The Client's responsible person and physician were notified.

Review of Supervisor of Assisted Living Services Agency's (SALSA) nursing note dated 01/29/2025 at 4:06 PM, identified she received notification from the RN Designee that Client#1 had bruising to the breastbone, upper abdominal wall and swelling to the upper right chest wall. The SALSA further indicated ALSA staff did not observe the Client fall or injury him/herself. The SALSA and RN Designee identified the Client may have fallen against his/her bed enabler bar (a grab bar, which is a sturdy, supportive device that attaches to the side of a bed to help an individual with mobility issues get out of bed) when attempting to self-transfer out of bed.

Interview and review of Client #1's clinical record with the Executive Director, Assistant Executive Director and RN Designee on 03/10/2025 at 2:45 PM, failed to identify staffing agency Certified Nurse's Aide #1 (An aide employed by the staffing agency, who was placed in the ALSA to fill a temporary position to address a gap in the schedule) who provided care to Client #1 on 01/26/2025 and 01/27/2025 prior to observing bruises on the Client was interviewed during the ALSA's investigation.

The Assistant Executive Director identified staffing agency Certified Nurse's Aide #1 was asked not to return to the ALSA as he/she was heard speaking harshly to a client 01/27/2025 who resided in the secure memory care unit. The Executive Director and Assistant Executive Director failed to identify whether a subsequent investigation into the incident was conducted. Furthermore, the Assistant Executive Director identified staffing agency Certified Nurse's Aide #1 did not have a documented orientation to the ALSA's safety, care and community standards.

Review of the agency's Abuse, Neglect and Exploitation policy, identified if any client experienced abuse or when abuse was suspected, staff would be required to immediately provide notification to persons/agencies as described by policy. Staff must take seriously any client comments about potential abuse or unusual physical/mental signs/ conditions that may indicate possible abuse. A thorough investigation will be conducted by the Client Care Director or Executive Director. Witnesses or other periods would be interviewed as part of the investigation process, as necessary.

Plan of Correction for Violation #1

Resident charts and 24-hour reports were audited for bruises of unknown origins, and there was no other incident identified.

Staff in-serviced on generating incident reports for bruises of unknown origins effective immediately, and reporting to charge nurse as well as the RN designee and SALSA (3/25/25)

Current, new community staff, and agency staff will be in-serviced on the importance of reporting incidents of bruising. This in-service will be completed by (4/24/25)

Bruises of unknown origins will be investigated by looking back on staffing for 24 hours and obtaining verbal or written information on occurrence by the RN designee.

The Resident Care Director will be responsible for monitoring compliance weekly.