43240

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

Accepted
4/9/25
CTHenryRNSWC

March 25, 2025

Tim Holder, Executive Director
Charter Senior Living Of Orange
197 Indian River Road
Orange, CT 06477
Via E-mail: ed@charteroforange.com

Dear Mr. Holder:

An unannounced visit was made to Charter Senior Living Of Orange 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 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 to the Department by April 4, 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 **April 4, 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 #43260

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 Assisted living services agency (ALSA) (d) Governing Authority of an assisted living services agency (4)(A) and/or (e) General requirements for an assisted living services agency (1) and/or (g) Supervisor of assisted living services (2)(B) and/or (h) Nursing services provided by an assisted living services agency (1).

1. Based on clinical record review, review of agency policies, review of agency documentation and staff interviews for one of two clients (Client #1) who received assisted living services for assistance with personal care, medication management and safety monitoring, the Assisted Living Services Agency/ALSA licensed personnel failed to follow agency policies after a fall. The findings include:
    a. Client #1 was admitted to the memory care assisted living services agency (ALSA) program on 6/30/24. The admitting diagnoses included anxiety, depression and type II diabetes mellitus. The client's change in condition service plan dated 1/29/25 identified the need for assistance with grooming, bathing, transfers, showering, medication management and was at high risk for falls.

        Review of agency documentation dated 1/28/25 at 10:26 PM indicated that the Supervisor of Assisted Living Services/SALSA was notified by ALSA aide #1 that the client was found in his/her room sitting on the floor by the door. The client indicated that s/he tripped when backing up and fell into a sitting position. The client denied any pain or injury and was assisted back to bed by the ALSA aide and the nurse.

        Interview and review of the agency documentation after the fall with the SALSA on 3/10/25 at 1:30 PM failed to identify alert charting was documented by LPN #1 on Day 2 post fall on 1/29/25 and failed to follow agency policies.

        Review of agency policy for Assisted Living Memory Care Alert Charting directed to implement with a recent change in their expected or customary function including an incident such as a fall, elopement or behavior change and should be entered in the client record at least daily.

        Plan of Correction to Violation #1:

Accepted 4/9/25 CJ Hanney RN SNC

Section 19-13-D105 Assisted living services agency (ALSA) (d) Governing Authority of an assisted living services agency (4)(A) and/or (e) General requirements for an assisted living services agency (1) and/or (g) Supervisor of assisted living services (2)(B) and/or (h) Nursing services provided by an assisted living services agency (1). The LPN failed to identify the alert charting was documented by LPN #1 on Day 2 post fall on 1/29/25 and failed to follow agency policies.	Client #1 was reassessed on 03/29/25 by the Registered Nurse to ensure the care plan/ service plan is appropriate and to ensure safety proper care is applies The SALSA, RN Designee and licensed health and wellness associates will be re-educated on policy HW-029 Alert Charting and RSK-003 Incident/ Unusual Occurrence. Audits will be conducted monthly for 2 month on 25% of the incident reports and alert charting to ensure documentation is completed according to policy. Audits will continue randomly after the two months or until compliance is reached. Audits will be reviewed by QA for the next 6 months or as long as the committee deems necessary.	03/17/25 03/31/25	SALSA