43418

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

March 25, 2025

Accepted 4/9/25 CT+thmy RN SWC

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 #43418

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 (i) Assisted living aide services (1)(3) and/or (m) Client's Bill of Rights and Responsibilities (5).

1. Based on clinical record review, review of agency policies, review of agency documentation and staff interviews for one of two clients (Client #2) who received assisted living services for assistance with personal care, medication management and safety monitoring, the Assisted Living Services Agency/ALSA failed to ensure the client was treated with dignity and respect and the ALSA aide failed to follow agency policies on Code of Conduct. The findings include:
    a. Client #2 was admitted to the memory care ALSA program on 8/30/24. The admitting diagnoses included Alzheimer's disease, advancing dementia and osteoporosis. The client service plan dated 12/30/24 identified the need for assistance with grooming, bathing, medication management and was at risk for falls.

       Review of agency documentation dated 1/10/25 identified the Memory Care Director/MCD received a complaint from the next of kin of an allegation of verbal abuse seen on video surveillance, on 1/03/25, in the client's room.

       Review of the agency investigation dated 1/10/25 identified that the MCD reviewed the video footage of 1/03/25 on the 3-11 shift of ALSA aide #2 in the room with Client #2. The MCD, Registered Nurse Designee/RND and SALSA met with ALSA aide #2 to discuss the allegation and provide a written statement and was then informed of being suspended pending further investigation.

       Interview and review of the agency investigation with the MCD on 3/10/25 at 11:10 AM identified reviewing the video footage of the evening of 1/03/25 and observing ALSA aide #2 trying to get the client in to bed, the aide was very short with the client as the client was resisting getting pajamas on, the aide was not polite with the client, using a condescending tone and told the client to "shut up".

       Interview with the SALSA on 3/10/25 at 11:30 AM indicated that ALSA aide #2 was terminated on 1/10/25 for unsatisfactory work performance, unprofessional or inappropriate conduct towards a client, use of abusive language and disrespectful or discourteous behavior towards a client.

       Review of agency Standards of Conduct directed types of conduct that will not be tolerated and may lead to disciplinary action include, unprofessional or inappropriate conduct towards a client and disrespectful or discourteous behavior towards a client.

       Plan of Correction to Violation #1:

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STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH PLAN OF CORRECTION
CHARTER SENIOR LVING OF ORANGE
VISIT CONCLUDED: MARCH 2025

Regulation/Finding	*Corrective Action Plan*	*Compliance Date*	*Person(s) Responsible*
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 (i) Assisted living aide services (1)(3) and/or (m) Client's Bill of Rights and Responsibilities (5). The Assisted Living Services Agency/ALSA failed to ensure the client was treated with dignity and respect and the ALSA aide failed to follow agency policies on Code of Conduct.	**Please note that the filing of this plan does not constitute any admission as to the alleged deficiencies set forth in the letter of violation. This plan of correction is being filed as required by applicable law and as evidence of the community's commitment to quality care.** The Community will take the following measures to prevent a recurrence of the alleged violation: Client#2 was reassessed to ensure safety and stability. Staff will be re-educated on Client Bill of Rights and Responsibilities as it relates to dignity and respect. Staff will be re-educated on Standards of Code of Conduct and General Guidelines with emphasis on treating residents with dignity and respect. Observations will be conducted randomly for a week to ensure staff are treating residents with dignity and respect and that agency policies of Code of Conduct are followed. Observations will continue randomly for 1 quarter. every quarter to ensure each employee is aware of the code of conduct and the core values. All observations will be reviewed by the QA committee for the next 6 months.	03/29/25 03/27/2025	SALSA /RN Designee