STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

Accepted 2/12/25 CT Heavy RN SW

January 31, 2025

Krsitine Franklin, Administrator
Brightview Shelton
30 Beard Sawmill Road
Shelton, CT 06484
Via Email: kfranklin@bvsl.net

Dear Ms. Franklin:

An unannounced visit was made to Brightview Shelton on January 16, 2025 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a revisit.

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 February 10, 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 February 10, 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 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 D19-13-D105 (e) General Requirements for an assisted living services agency (1) and (g) Supervisor of assisted living services (2)(A)(B) and (h) Nursing Services provided by an assisted living services agency (3)(E) and/or (i) Assisted living aide services provided by an assisted living services agency (5)(B).

1. Based on record reviews, agency documentation, and interviews with agency personnel for three of three clients (Client #1, #2, and #3). The Assisted Living Services Agency (ALSA) failed to complete supervision of the ALSA aides to ensure ongoing competence in accordance with the regulations of the state of Connecticut. The findings include:
   a. Client #1 was admitted to the ALSA on 12/15/2023 and resided in the secured memory care unit with diagnoses of dementia, muscle weakness, and fractures. The Client's 120-day nursing assessment and service plan dated 10/15/2024, identified the Client required nursing assessments, medication management and ALSA aide assistance with bathing, grooming, dressing, and toileting.

   b. Client #2 was admitted to the ALSA on 07/17/2020 with diagnoses of heart disease, high blood pressure, coronary artery disease, falls, syncope and a mild cognitive disorder. The Client's 120-day nursing assessment and service plan dated 10/24/2024, identified the Client required nursing assessments and ALSA aide assistance with bathing, grooming and dressing.

   c. Client #3 was admitted to the ALSA on 12/31/2022 and resided in the secured memory care unit with diagnoses of dementia, coronary heart disease, high blood pressure, and chronic kidney disease. The Client's 120-day nursing assessment and service plan dated 12/12/2024, identified the Client required nursing assessments, medication management and ALSA aide assistance with bathing, grooming, dressing and toileting.

   Interview and review of Client #1, #2 and #3's clinical records with the Executive Director and Supervisor of Assisted Living Services Agency (SALSA) on 01/16/2025 at 12:30 PM, failed to identify supervision of services rendered by the assisted living aides were conducted.

Plan of Correction for Violation #1:

BRIGHTVIEW
SENIOR LIVING

30 Beard Sawmill Road Shelton CT 06484
203.493.4345 BrightviewSeniorLiving.com

Accepted
2/21/25
E Tierney RN SWC

February 10, 2025

Elizabeth Heiney

Supervising Nurse Consultant

Facility Licensing and Investigations Section

Dear Ms. Heiney,

Below is the Plan of Correction (POC) for survey visit conducted on January 16, 2025. Brightview Shelton intends to implement the following processes.

Violation #1 The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 (e) General Requirements for an assisted living services agency (1) and (g) Supervisor of assisted living services (2)(A)(B) and (h) Nursing Services provided by an assisted living services agency (3)(E) and/or (i) Assisted living aide services provided by an assisted living services agency (5)(B). 1 and 2. The measures that Brightview intends to implement or systemic changes Brightview intends to make to prevent a recurrence of each identified issue of noncompliance and the date each such corrective measure or change is effective.

1. a, b, c:

Brightview will implement a "Resident Assistant Supervision Form" assessment tool and process that will record orientation and supervision to the resident's service plan on an Initial, Change in Condition, and 120 day basis. The data pertaining to the resident's service plan will be maintained within the assessment tool in the resident's electronic health record. This assessment tool will produce a form that will be printed, reviewed by the Health Service Director or RN Designee with each Resident Assistant, signed by both parties (Resident Assistant and RN) and maintained along with the printed service plan in the resident's paper chart for each resident in the Assisted Living and Memory Care neighborhoods in the community. A sample of this form and that data it will contain is attached.

2. Date-Process will be implemented starting 2/10/2025 for all new residents moving in and for current residents, this would be implemented at their 120- day assessment or if they have a change in condition.

3. The institution's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measures or systemic changes are sustained.

- The community will conduct a monthly audit of all new Resident's "Resident Assistant Supervision Form" tool starting 2/10/2025 x 3 months. The community will conduct a monthly audit of all current Residents at their 120- day and/or change in condition assessments for completion of "Resident Assistant Supervision Form" tool starting 2/10/2025

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x 3 months. These audits will be reviewed for compliance at the community monthly QAPI/Safety Committee meetings to ensure that the corrective measure and systemic change is sustained.

4. The title of the institution staff member that is responsible for ensuring the institutions compliance with its plan of correction will be the Health Services Director and RN Designee

Kristine Franklin, Executive Director