STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

December 30, 2024

Accepted
1/16/25
E-Delivery SWC.

Mary Flahive-Dickson, SALSA
Stonebrook Village At Windsor Locks
550 Old Country Road
Windsor Locks, CT 06096
Via E-mail: mflahive@everbrookseniorliving.com

Dear Ms. Flahive-Dickson:

An unannounced visit was made to Stonebrook Village At Windsor Locks on December 10, 2024 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation and a licensure renewal inspection.

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 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 January 9, 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 January 9, 2025 or if a request for a meeting is not made by the stipulated date, the violations 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 #41506

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 Assisted living services agency (ALSA) (c) Managed residential communities served by assisted living services agencies (5)(B) and/or (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 (m) Client's Bill of Rights and Responsibilities (5) and/or (9).

1. Based on review of a State Agency complaint submission and interviews with agency staff and clients, the Assisted Living Services Agency (ALSA) failed to ensure the clients were treated with dignity and respect. The findings include:
    a. Review of a State Agency complaint submission dated 10/20/24 identified a request for anonymity for fear of retaliation by the Executive Director/ED (Service Coordinator) related to his/her anger issues witnessed against other clients and situations in the ALSA. During Resident Council meetings, his/her behavior has been derogatory and threatening, specifically concerning raising the rent. Clients feel like they are walking "on eggshells" because of the ED's demeanor.

    Interview with Person #1 on 12/10/24 indicated that s/he is aware of the complaints from clients, as well as employees' fears of retaliation from the ED. S/he has witnessed the ED slamming doors on employees faces, raising his/her hands behind employees backs and clapping loudly near clients to wake them while they were sleeping in the common areas/lobby of the community.

    Interview with Person #2 on 12/10/24 indicated that s/he is not privy to the employee/client's complaints, but is aware of the concerns as indicated in the State Agency complaint submission and indicated the complaints have been reported to the Governing Authority/GA in the past, an on-site visit was conducted by the GA, but no changes have been made by the ED.

    Interview with Person #3 on 12/10/24 indicated that the ED is often present during Resident Council meetings, clients do not feel free to voice concerns for fear of retaliation, the ED threatens termination of employees and Ha been seen gritting his/her teeth when speaking to people.

    Interview with Person #4 on 12/10/24 indicated that during a Resident Council meeting, a request for more tables and chairs in the lobby was made, the ED indicated that "if you want the tables and chairs back, we are going to have to raise the rent, we need occupancy rates up!". Additionally, s/he was overheard telling a couple of employees that "s/he knows where the bodies are buried, so they can't touch me".

    Interview with Person #5 on 12/10/24 indicated that s/he was hesitant to be interviewed for fear of retaliation from the ED due to his/her condescending, threatening demeanor. When concerns regarding client care, staffing and long pendant call times have been discussed, the ED indicated that staffing was sufficient, but if the client calls frequently, "it will need to be discussed further regarding a higher services rate with that client".

Interview and review of the State Agency complaint and interviews with Persons #1-5 on 12/10/24 at 2 PM with the ED and SALSA failed to identify the clients were treated with dignity and respect.
Subsequent to the complaint investigation, an interview on 12/11/24 at 3PM with a member of the GA was conducted, the concerns of Persons #1-5 were reviewed and indicated that they would be addressed at the ALSA.

Plan of Correction to Violation #1:

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 Assisted living services agency (d) Governing Authority (4)(A) and/or (B) and/or (e) General requirements for an assisted living services agency (1) and/or (j) Assisted Living service agency staffing requirements (1) and/or (2).

2. Based on review of agency documents and interviews with agency personnel, the Governing Authority and ALSA agency failed to ensure employment of an additional full-time Registered Nurse, in order to meet the needs of the clients, and in the provision for relief to the supervisor as needed. The finding includes.
    a. During the entrance conference with the Business Director on 12/10/24 at 9:15 AM, it was identified that there had not been an additional Registered Nurse/RN Designee employed in the facility since the departure of the RN Designee in May 2024. Subsequent to surveyor inquiry, the ED identified that RN #1 (the present full-time SALSA at a sister facility) is the RN Designee and failed to ensure onsite employment or contract with at least one RN, in addition to the SALSA.

Plan of Correction to Violation #2:

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 Assisted living services agency (ALSA) (g) Supervisor of assisted living services (2)(H).

3. Based on a review of agency documentation and interviews with agency personnel, the Supervisor of the Assisted Living Services Agency/SALSA failed to ensure monthly reports were provided to the service coordinator in accordance with the regulations. The findings include:
    a. Review of the agency documentation, and interview with the ED and SALSA on 12/10/24 at 2 PM indicated that monthly reports were the same as the weekly reports, that's the way they were always done, and failed to ensure the SALSA provided monthly reports to the service coordinator in accordance with state regulations, regarding statistical data including the number of clients served and services provided, summaries of which shall be provides to the governing authority in accordance with the schedule established by the governing authority.

    Plan of Correction to 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 (4)(F) and/or (g) Supervisor of assisted living services (2)(A) and/or (B) and/or C) and/or (k) Client service record (H)(vii).

4. Based on clinical record reviews and interviews with agency personnel, for three of three clients (Client #1, 2 and 3) who received assisted living services for assistance with personal care, medication management and safety monitoring, the Governing Authority failed to develop policies for the supervision of the assisted living aides and the SALSA failed to ensure supervision of the assisted living aides in the provision of care. The findings include:
    a. Client #1 was admitted to the assisted living services agency (ALSA) program on 11/01/24. The admitting diagnoses included congestive heart failure, hypertension and chronic obstructive pulmonary disease. The client service plan dated 12/06/24 identified the need for assistance with bathing, toileting and transfers.
    b. Client #2 was admitted to the assisted living services agency (ALSA) program on 7/15/24. The admitting diagnoses included congestive heart failure, dementia and hypertension. The client service plan dated 12/03/24 identified the need for assistance with bathing, dressing, grooming, medication management and safety monitoring.
    c. Client #3 was admitted to the memory care assisted living services agency (ALSA) program on 12/13/21. The admitting diagnoses included dementia and neurocognitive disorder. The client service plan dated 9/23/24 identified the need for assistance with bathing, dressing, grooming, medication management and safety monitoring.

Interview and review of Client #1, 2 and 3's service plans with the SALSA on 12/10/24 at 1:30 PM, failed to identify documentation of supervision of the assisted living aides during the provision of care. Additionally, the SALSA indicated that LPN #1 supervises the assisted living aides and failed to ensure supervision by a registered nurse.

Plan of Correction to Violation #4:

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 Assisted living services agency (ALSA) (g) Supervisor of assisted living services (2)(E) and (f) Personnel policies for an assisted living services agency (B)(i)(ii)(E).

5. Based on review of agency documentation and staff interviews, for three of three Assisted Living Service Agency (ALSA) aides (NA #1, 2 & 3), the Supervisor of Assisted Living Services Agency/SALSA failed to ensure in-service training, pre-employment, annual physicals and tuberculosis screenings were completed by the assisted living aides. The findings include:
    a. Interview and review of the personnel files with the SALSA on 12/10/24 at 1:30 PM identified Nurse Aide's (NA #1) date of hire of 11/17/23 and lacked evidence of a pre-employment, annual physical and/or tuberculosis screenings in the personnel file, NA #2's date of hire of 4/08/22 and pre-employment physical dated 4/01/22 and NA #3's date of hire of 9/24/19 and lacked evidence of a pre-employment physical or annual physical and tuberculosis screenings in 2020, 2021 and 2022 and failed to ensure physicals and tuberculosis screenings were completed in accordance with the Regulations of Connecticut State Agencies.

    Interview and review of NA #1, #2 and #3's personnel files with the SALSA on 12/10/24 at 1:30 PM failed to identify the completion of eight (8) hours of dementia-specific training within one hundred twenty (120) days of hire, and not less than eight hours of such training annually thereafter, and annual training of not less than two hours in pain recognition and administration of pain management techniques for direct care staff in accordance with Connecticut General Statutes Section 19a-562a Training requirements for nursing home facility and Alzheimer's special care unit or program staff.

Plan of Correction to Violation #5:

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 Assisted living services agency (d) Governing Authority of an assisted living services agency (4)(A) and/or (B) and/or (C) and/or (l) Quality assurance program for an assisted living services agency.

6. Based on review of agency documentation and interviews with agency personnel, the Governing Authority failed to appoint a social worker to the quality assurance committee and failed to ensure the quality assurance committee met at least once every one-hundred and twenty (120) days in accordance with the Regulations of the State of Connecticut. The findings include:
    a. Interview and review of the agency's documentation with the Executive Director on 12/10/24 at 1:15 PM, identified the only quality assurance meeting since the last re-licensure survey was conducted on 10/03/24 and consisted of a physician and nurse, but failed to identify the quality committee met at least once every one-hundred and twenty (120) days in accordance with the Regulations of the State of Connecticut and failed to ensure the appointment of a social worker with a bachelor's degree.

    Plan of Correction to Violation #6:

STONEBROOK VILLAGE

Mary Flahive-Dickson, Supervisor of Assisted Living Services for ALSA: Telephone: 413-519-3094
550Old County Rd.
Windsor Locks, Ct. 06096 email: mflahive@everbrookseniorliving.com

Connecticut Department of Public Health:
Elizabeth T. Heiney, B.S., R.N., B.C.
Supervising Nurse Consultant
Facility Licensing and Investigations
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308

January 9, 2025

Accepted 1/10/25 E.T. Heiney SNC RN

Dear Ms. Heiney.

On behalf of Stonebrook Village, as its on-site ALSA, it is acknowledged that the Agency conducted an unannounced visit at the community on December 10, 2024, by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of investigating and a licensure renewal inspection.

Stonebrook Village ALSA, SBV, accepts the notice of the violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which were noted during the visit. SBV acknowledges that while the violations cannot be edited by the provider in any way, SBV submits some facts and circumstances in mitigation of the violations.

SBV acknowledge that 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, and not later than ten days thereafter, SBV shall submit a plan of correction to the Department in response to the items of noncompliance identified in such notice. SBV agrees to submit a plan of correction to the Department by January 9, 2025. The plan of correction shall include 1): the measures that the institution intends to implement or systemic changes that SBV intends to make to prevent a recurrence of each identified issue of noncompliance; 2) the date each such corrective measure or change by SBV is effective; and 3) SBV'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 SBV staff member that is responsible for ensuring the institution's compliance with its plan of correction.

SBV acknowledges that 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. SBV acknowledges that if it fails to submit a plan of correction, it may be subject to disciplinary action. SBV acknowledges that it has been invited by the Agency to dispute the violations and be provided with the opportunity to be heard. It is

not advisable at this time to dispute the violations, however, SBV offers some contextual facts and circumstances to mitigate the findings that such violations constitute systemic problems as opposed to situational issues that were being addressed but not yet completed at the time of the inspection. (It should be noted that as to the first complaint, because it involves the service coordinator specifically, and not knowing what rights he may have to takes measures to preserve his reputation, I asked that a member of the Governing Authority, GA, Robert Kelley answer the complaint). SBV acknowledges that if the violations are not responded to by January 9, 2025, or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

SBV acknowledges the response is to be returned to Elizabeth Heiney, Supervising Nurse Consultant, at Elizabeth.Heiney@ct.gov and that, if I have questions concerning the instructions contained in this letter I am to direct them to Elizabeth Heiney directly at (860) 509-8059. Please do not send another copy via US mail.

As SALSA of SBV, we appreciate the comment that the Agency does not anticipate making any practitioner referrals at this time and in response, if that posture should change, we ask that the Agency notify SBV of such change in position, and allow SBV to reserve any rights it would have had it asked for a hearing and opportunity to be heard in opposition at the outset.

STATEMENT OF VIOLATIONS

Violation Number 1:

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 Assisted living services agency (ALSA) (c) Managed residential communities served by assisted living services agencies (5)(B) and/or (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 (m) Client's Bill of Rights and Responsibilities (5) and/or (9).

1. Based on review of a State Agency complaint submission and interviews with agency staff and clients, the Assisted Living Services Agency (ALSA) failed to ensure the clients were treated with dignity and respect. The findings include:

   a. Review of a State Agency complaint submission dated 10/20/24 identified a request for anonymity for fear of retaliation by the Executive Director/ED (Service Coordinator) related to his/her anger issues witnessed against other clients and situations in the ALSA. During Resident Council meetings, his/her behavior has been derogatory and threatening, specifically concerning raising the rent. Clients feel like they are walking "on eggshells" because of the ED's demeanor.

      Interview with Person #1 on 12/10/24 indicated that s/he is aware of the complaints from clients, as well as employees' fears of retaliation from the ED. S/he has witnessed the ED slamming doors on employees faces, raising his/her

hand behind employees backs and clapping loudly near clients to wake them while they were sleeping in the common areas/lobby of the community.

Interview with Person #2 on 12/10/24 indicated that s/he is not privy to the employee/client's complaints, but is aware of the concerns as indicated in the State Agency complaint submission and indicated the complaints have been reported to the Governing Authority/GA in the past, an on-site visit was conducted by the GA, but no changes have been made by the ED.

Interview with Person #3 on 12/10/24 indicated that the ED is often present during Resident Council meetings, clients do not feel free to voice concerns for fear of retaliation, the ED threatens termination of employees and Ha been seen gritting his/her teeth when speaking to people.

Interview with Person #4 on 12/10/24 indicated that during a Resident Council meeting, a request for more tables and chairs in the lobby was made, the ED indicated that "if you want the tables and chairs back, we are going to have to raise the rent, we need occupancy rates up!". Additionally, s/he was overheard telling a couple of employees that "s/he knows where the bodies are buried, so they can't touch me".

Interview with Person #5 on 12/10/24 indicated that s/he was hesitant to be interviewed for fear of retaliation from the ED due to his/her condescending, threatening demeanor. When concerns regarding client care, staffing and long pendant call times have been discussed, the ED indicated that staffing was sufficient, but if the client calls frequently, "it will need to be discussed further regarding a higher services rate with that client".

Interview and review of the State Agency complaint and interviews with Persons #1-5 on 12/10/24 at 2 PM with the ED and SALSA failed to identify the clients were treated with dignity and respect.

Subsequent to the complaint investigation, an interview on 12/11/24 at 3PM with a member of the GA was conducted, the concerns of Persons #1-5 were reviewed and indicated that they would be addressed at the ALSA.

Answer to Violation No. 1:

As the Agency does not anticipate making any practitioner referrals at this time and in response, rather than contest the facts, Stonebrook accepts them, and offers the following Statement in Mitigation to Violation No. 1, and Plan of Correction to it which measures will assure the Agency that the corrective plan will prevent a recurrence of noncompliance in the future.

Statement in Mitigation to Violation No. 1:

Because the allegations contained in Violation Number 1 were directed at the actions of the executive director, the matter was assigned to a member of the Governing Authority to address.

GA member Robert Kelley, Chief Risk officer and In-House Legal Counsel to Everbrook Senior Living, on-site manager has met with respondent and submits the following in mitigation of the factual allegations: Everbrook requested that Kevin Horan, executive director at Elmbrook Village, to transfer to Stonebrook Village in the late summer of 2023 to bring about a change to the culture, work ethic, and work quality particularly in the clinical department as the community morale had been down and the executive director was to be terminated. Kevin had been ED at Elmbrook from its preopening in 2018, to early 2020 whereupon management requested that he transfer to Colebrook Village, where he was ED until management requested that he return to Elmbrook Village, in late summer of 2020 where he remained until his transfer to Stonebrook Village. I work closely with all ED's and in his tenure with Everbrook, it was never brought to management's attention nor were any formal complaints ever made alleging that Kevin mistreated a resident or staff member. Kevin was known to be an emotional leader and at times he would act frenetically to get things done, as often when I met him, he would walk the building regurgitating from notes he wrote about a correction or improvement he wanted to have approved, but, he was always very engaging with staff, introduced everyone regardless of position to me, and often would cite their stories and how much they improved since their hire. He would do the same with residents, in fact, Kevin usually had a group of residents that requested to see someone from management waiting my arrival and almost always, he would introduce them, tell a little bit about and say, they just wanted to meet someone from executive management. It was obvious that Kevin cared about residents and staff.

I followed the ALSA dynamics after Kevin's arrival at Stonebrook because I had been working with the SALSA and ED for over 6 months prior to attempt to induce changes in culture and I had placed our corporate RN to Stonebrook to assist with its changes before Kevin's arrival and after he took over. I am aware that he struggled to find a replacement SALSA: we approved a request to use a headhunter which could not identify a candidate, and when he did hire a person, she took medical leave within several weeks after and ultimately, she never returned to the job. I met the second SALSA, and my impression was that she was overqualified having been in an executive position prior: shortly after hire, I learned that staff were threatening to quit if she was not replaced. I approved a plan to elevate the RN designee to SALSA and know that the plan did not work out. Our corporate RN Mary Flahive-Dickson was there assisting the ALSA on many improvement projects, and the decision was made to take the time to search for a replacement of SALSA and RN designee and to activate the RN consultant at Everbrook to be SALSA.

It is true that the department has been run shorthanded at RN but, I have been pleased to see all the improvements that Kevin and mary have made. The culture has changed for the betterment of residents, with much improved morale and the GA has approved and Kevin has spearheaded to bring about significant improvements to the building and other service programs. I echo what Kevin said in his response letter about the specific improvements made at Stonebrook so I will not repeat them here.

I am aware that Kevin was very involved with Resident Council, and that he was inviting feedback about what changes residents would want. It witnessed the same kinds of frenetic

paced interactions between Kevin and staff and Kevin and residents, and although I never witnessed any disrespectful behavior, Kevin would be very animated at times. I received word that the Agency was investigating him for violating Bill of Rights issues, involving residents, and I and another GA member met him. I informed Kevin that if the allegations were serious enough, that Everbrook would seek his removal. I advised him that because he was being singled out, he would have the right to retain an attorney and contest any of the allegations he wanted, but it would be the GA's recommendation that it not contest the case. I also attended the holiday party and noticed very warm receptions of Kevin by residents, families and staff, in fact, the pattern that I saw repeatedly over the years.

I was also the GA member who received a call about Kevin acting aggressively toward staff some months prior to the complaint, and I had asked that Kevin stay away from work while I investigated the matter. I appeared at Stonebrook and asked Diane the office manager to summon managers to the ED office one-by-one. I conducted interviews with almost every manager, (the memory care director was new, so she abstained and I do not believe I interviewed the activity director). I reassured each manager that anything they said would be kept confidential: all staff I spoke to seemed comfortable doing so; no staff wanted to state anything on the record; some were in agreement that, things had really changed and for the better and that Kevin can be tough on everybody, and there was an echo that he was very demanding at morning meeting, where he would call people out in a manner that they regarded as insulting. However, pressed on whether anyone wanted to see him not be the manager, no one would say that. With that, I called Kevin and informed him that the GA would not take any formal actions against him, and I then couched him for about an hour on his need to slow down, let people speak, listen, and think before he speaks so people would not get the impression that he was being demeaning towards them.

When complaint no. 1 was received and reviewed, I having been a practicing attorney, concluded that the allegations were patterned: based on the good history the company had with Kevin as a servant leader, who did not in our history, exhibit abusive leadership, I looked at the allegations from several lenses, 1) that of a burned out leader, tired and overworked and lashing out at people which would have prompted one level of response, 2) that of the typical leader Kevin was, trying to evoke change, albeit some hard changes, and from his history, probably working frenetically at times, which could have meant saying things spontaneously and not thoughtfully; and 3) though there was no history, I remained open to look for signs that Kevin intended to demean.

I reviewed the allegations with Kevin, and after probing him, he acknowledged that it was difficult to read the witness allegations and thought most were taken out of context; he pointed out for example that 'I must grit my teeth, I have a flipper installed that moves around, so I believe I'm being taken out of context". I asked Kevin if he had not softened his approach like he was coached to do and he said, "I have been trying as I was coached, but most of the allegations come from before you and I met". I asked Kevin whether he felt burned-out and he said that to the contrary " I feel we are very close to finishing the job and I feel fine finishing it". He also indicated that he would not want to contest the allegations but instead, do what was needed to remedy the situation. He volunteered to go to residents and make whatever amends he thought appropriate, and I supported that approach. He asked if he could get letters of

support, and I agreed with that: and he asked for the opportunity to write a response in mitigation, and I agreed with that request.

Based on a review of the matter, including the witness statements as summarized, the company's history with Kevin, his statements in mitigation (attached as Exhibit I.A), his letters of support, (attached as Exhibit I.B) and his willingness to do what was needed to remedy the situation, it was the conclusion of Everbrook and the GA that the root of the problem was largely behavioral and not a systematically toxic leadership style, which in view of executive management could be successfully remedied through leadership retraining with sensitivity training built-in, (It is attached as Exhibit 1.C), along with regular monitoring, and periodic interviews with staff, to gauge its effects. In speaking with Kevin, he agreed with the approach. I also indicated that it would be prudent for Kevin to assign the role of Resident Council Liaison to another staff member, and he thought Diane, Business Office manager would be a good choice: it was decided that this remedial action would also be implemented. I also indicated that it would be prudent for Kevin to have Robert Kelley participate in any performance reviews of managers for a period to assure that no issues arise thee, and he agreed with that approach. He also agreed to sign a letter of Acknowledgement, (see attached exhibit ID), that will allow Everbrook to use the violations as if true in any follow-up disciplinary proceeding should Kevin fail to comply with the remedial actions.

Signed electronically

~Robert Kelley~,

rkelley@everbrookseniorliving.com

Plan of Correction to Violation No. 1

1. The measures that the institution intends to implement or systemic changes that SBV intends to make to prevent a recurrence of each identified issue of noncompliance.

   a. Remedial leadership training with Sensitivity Built-in: The executive managers have devised an Advanced leadership Training Module, for use across the portfolio, with the Stonebrook ED being its first trainee. (Exhibit C)

   b. Assignment of Duties as Resident Council Liaison to Another Staff Member: because many issues that gave rise to the complaint relate to the manners Kevin displayed at Resident Council, the duties will be assigned to Dianne Boreham, current Business Office manager at Stonebrook. She will be asked to make minutes of meetings and submit for review by the ED, and if the ED desires to direct a course of action at Resident Council, he will do so through Dianne.

   c. Have COO participate in Performance Reviews: Because the organization wants to get all staff to be comfortable with the leadership of the executive director, all

performance reviews with managers will occur with the participation of Robert Kelley. He will make a report, and he will have supervisory role over the metering out of increases or plans of correction.

d. Acknowledgement: The Respondent agreed to to sign an acknowledgement that although he has not admitted to any of the allegations in a formal sense, that for purposes of a re-offense, if such a complaint should ripen, executive management and the GA may use the allegations as if true when imposing additional discipline which may result in the removal of the Respondent as executive director of Stonebrook Village. (Attached as Exhibit D)

e. Other Remedial Measures: The Respondent has agreed to undertake any other remedial measures which may be deemed in the discretion of executive management to be appropriate during the executory phase of the remedial actions.

2. The date each such corrective measure or change by SBV is effective.

   a. The retraining and sensitivity training has been completed (see Exhibit C)

   b. The replacement of the Respondent as Liaison for the Resident Council has been completed.

   c. The participation of Robert Kelley in performance reviews will occur over the next two quarters.

   d. The Letter of Acknowledgement has been signed and the remedy is ongoing.

   e. Other measures, if they should arise, will be completed to be determined.

3. SBV's plan is to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained.

   a. Robert Kelley of executive management and for the GA will monitor the results of retaining by monthly meetings with the Respondent. He will also interview staff periodically to gauge the effect. He will remain involved with monitoring the Resident Council and performance reviews as well. The matters will be reviewed at the next QAC meeting, and if all is going well, they will be monitored for an additional quarter whereupon, if all goes well, the matters will be deemed corrected: and if not, additional remedial actions will occur.

4. The title of the SBV staff member that is responsible for ensuring the institution's compliance with its plan of correction:

a. As to complaint No. 1, Robert Kelley of Everbrook and a GA member.

Violation Number 2:

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 Assisted living services agency (d) Governing Authority (4)(A) and/or (B) and/or (e) General requirements for an assisted living services agency (1) and/or (j) Assisted Living service agency staffing requirements (1) and/or (2).

2. Based on review of agency documents and interviews with agency personnel, the Governing Authority and ALSA agency failed to ensure employment of an additional full-time Registered Nurse, to meet the needs of the clients, and in the provision for relief to the supervisor as needed. The finding includes.

   a. During the entrance conference with the Business Director on 12/10/24 at 9:15 AM, it was identified that there had not been an additional Registered Nurse/RN Designee employed in the facility since the departure of the RN Designee in May 2024. Subsequent to surveyor inquiry, the ED identified that RN #1 (the present full-time SALSA at a sister facility) is the RN Designee and failed to ensure onsite employment or contract with at least one RN, in addition to the SALSA.

Answer to Violation No. 2:

As the Agency does not anticipate making any practitioner referrals at this time and in response, rather than contest the facts, Stonebrook accepts them, and offers the following Statement in Mitigation to Violation No. 2, and Plan of Correction to it which measures will assure the Agency that the corrective plan will prevent a recurrence of noncompliance in the future.

Statement in Mitigation to Violation No. 2:

The answer, statement in mitigation and Plan of Correction to violation no. 2 will be provided by the current SALSA, but she refers the Agency to the Statement of Mitigation in Violation No. 1 as if set out in this violation as it describes the RN shortage and the challenges the community has had recruiting, hiring and retaining registered nurses.

Plan of Correction to Violation No. 2

1. The measures that the institution intends to implement or systemic changes that SBV intends to make to prevent a recurrence of each identified issue of noncompliance.

   a. The SALSA will continue to advertise for an RN Designee through Job Boards and Word of Mouth.
   b. In addition, the SALSA will continue to reach out to Nurse Contracting and Staffing Agencies to employ an RN on a contracted basis until such time an RN Designee candidate can be hired.

c. On January 2, 2025, SALSA posted an RN Designee position on Indeed. Since then, the SALSA has conducted 2 phone interviews, set a calendar date for 1 in-person interview and reached out to 2 staffing agencies for temporary staffing.

2. The date each such corrective measure or change by SBV is effective.

   a. Indeed Job Board Ad placed on January 2, 2025 (See Exhibit 2A)
   b. Phone interviews conducted January 3, 4 and 6, 2025
   c. In person interview scheduled for January 14, 2025

3. SBV's plan is to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained.

   a. SALSA will continue to reach out to contracting agencies to hire interim RN Designee until such time as a full time RN Designee can be vetted and hired
   b. SALSA will continue to conduct phone interviews of any potential new candidates that apply to the posted Job Board
   c. SALSA will schedule in person interviews of those candidates who are vetted through the phone interviews and determined to be viable candidates

4. The title of the SBV staff member that is responsible for ensuring the institution's compliance with its plan of correction:

   a. SALSA Mary Flahive-Dickson.

Violation Number 3:

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 Assisted living services agency (ALSA) (g) Supervisor of assisted living services (2)(H).

3. Based on a review of agency documentation and interviews with agency personnel, the Supervisor of the Assisted Living Services Agency/SALSA failed to ensure monthly reports were provided to the service coordinator in accordance with the regulations. The findings include:

   a. Review of the agency documentation, and interview with the ED and SALSA on 12/10/24 at 2 PM indicated that monthly reports were the same as the weekly reports, that's the way they were always done, and failed to ensure the SALSA provided monthly reports to the service coordinator in accordance with state regulations, regarding statistical data including the number of clients served and services provided, summaries of which shall be provides to the governing authority in accordance with the schedule established by the governing authority.

Answer to Violation No. 3:

As the Agency does not anticipate making any practitioner referrals at this time and in response, rather than contest the facts, Stonebrook accepts them, and offers the following Statement in Mitigation to Violation No. 3, and Plan of Correction to it which measures will assure the Agency that the corrective plan will prevent a recurrence of noncompliance in the future.

Statement in Mitigation to Violation No. 3:

In mitigation, the weekly reports do not tally statistical information as the rule requires but, the Eldermark program does and so the ED can run at any time the monthly statistical analysis called out in the regulation. Nevertheless, we have devised a paper monthly report to comply.

Plan of Correction to Violation No. 3

1. The measures that the institution intends to implement or systemic changes that SBV intends to make to prevent a recurrence of each identified issue of noncompliance.

    a. Effective immediately, the SALSA has begun utilizing a monthly ALSA report form in accordance to the state regulations. This form indicates statistical data including the number of clients served and service provided, summaries of which are provided to the governing authority in accordance with the schedule that has been established by the governing authority. (See Exhibit 3A)
    b. The SALSA has utilized the state regulated monthly report form along with statistical data kept by the SALSA and the service coordinator to correctly provide monthly ALSA reports going back to when the SALSA began in the community as Resident Care Director.

2. The date each such corrective measure or change by SBV is effective.

    a. As of January 2, 2025, the SALSA obtained a monthly ALSA report form in accordance to the state regulations
    b. As of January 2, 2025, the SALSA began utilizing the correct monthly ALSA form, dating back to July 2024 when SALSA began as the SALSA in the community
    c. Utilizing weekly ALSA reports and other statistical data, the SALSA was able to complete each monthly form with the necessary and correct data

3. SBV's plan is to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained.

    a. The SALSA will continue to utilize the correct monthly ALSA form according to state regulations

b. The SALSA will complete each monthly ALSA report, properly signed by the SALSA and the Executive Director

4. The title of the SBV staff member that is responsible for ensuring the institution's compliance with its plan of correction:

   a. SALSA Mary Flahive-Dickson.

Violation Number 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 (4)(F) and/or (g) Supervisor of assisted living services (2)(A) and/or (B) and/or C) and/or (k) Client service record (H)(vii).

4. Based on clinical record reviews and interviews with agency personnel, for three of three clients (Client #1, 2 and 3) who received assisted living services for assistance with personal care, medication management and safety monitoring, the Governing Authority failed to develop policies for the supervision of the assisted living aides and the SALSA failed to ensure supervision of the assisted living aides in the provision of care. The findings include:

   a. Client #1 was admitted to the assisted living services agency (ALSA) program on 11/01/24. The admitting diagnoses included congestive heart failure, hypertension and chronic obstructive pulmonary disease. The client service plan dated 12/06/24 identified the need for assistance with bathing, toileting and transfers.

   b. Client #2 was admitted to the assisted living services agency (ALSA) program on 7/15/24. The admitting diagnoses included congestive heart failure, dementia and hypertension. The client service plan dated 12/03/24 identified the need for assistance with bathing, dressing, grooming, medication management and safety monitoring.

   c. Client #3 was admitted to the memory care assisted living services agency (ALSA) program on 12/13/21. The admitting diagnoses included dementia and neurocognitive disorder. The client service plan dated 9/23/24 identified the need for assistance with bathing, dressing, grooming, medication management and safety monitoring.

   Interview and review of Client #1, 2 and 3's service plans with the SALSA on 12/10/24 at 1:30 PM, failed to identify documentation of supervision of the assisted living aides during the provision of care. Additionally, the SALSA indicated that

LPN #1 supervises the assisted living aides and failed to ensure supervision by a registered nurse.

Answer to Violation No. 4:

As the Agency does not anticipate making any practitioner referrals at this time and in response, rather than contest the facts, Stonebrook accepts them, and offers the following Statement in Mitigation to Violation No. 4, and Plan of Correction to it which measures will assure the Agency that the corrective plan will prevent a recurrence of noncompliance in the future.

Statement in Mitigation to Violation No. 4:

In mitigation, the supervision was being done adequate to satisfy the regulatory requirement, but, with a lack of documentation, as noted, it could not be properly tracked, and we have remedied the problem.

Plan of Correction to Violation No. 4

1. The measures that the institution intends to implement or systemic changes that SBV intends to make to prevent a recurrence of each identified issue of noncompliance.

    a. Effective immediately the SALSA will conduct regular supervisions of the assisted living aides per the policy of Stonebrook Village and the Regulations of Connecticut State Agencies. Assisted Living Aides will be and have been since the Public Health Agency visit on December 10, 2024, supervised every 120 days by the SALSA or the RN Designee. (See Exhibit 4A)
    b. The SALSA has put in place a calendar tool for tracking Aide Supervision. This tool will coincide with the 120-day assessments of Assisted Living and Memory Care residents. In addition, if the calendar indicates a particular aide is in need of a supervision and does not line up with a 120-day assessment, the SALSA or RN Designee will conduct that supervision. (See Exhibit 4A)

2. The date each such corrective measure or change by SBV is effective.

    a. As of December 16, 2024, the SALSA has conducted regular supervisions of the assisted living aides per the policy of Stonebrook Village and the Regulations of Connecticut State Agencies.
    b. The aide supervisions have coincided with 120-day assessments of AL residents
    c. As of January 2, 2025, the SALSA has put in place a calendar tool for tracking Aide Supervision. This tool will coincide with the 120-day assessments of Assisted Living and Memory Care residents. In addition, if the calendar indicates a

particular aide is in need of a supervision and does not line up with a 120-day assessment, the SALSA or RN Designee will conduct that supervision

3. SBV's plan is to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained.

    a. In accordance with Stonebrook Village Policy, the SALSA will utilize every stated opportunity to review the clinical staff by way of the attached supervision form The Policies of Stonebrook Village are as follows:
    b. *The RCD in each state, under supervision by the ED, knows that they are responsible to supervise associate staff, (an RCD if a RN supervises other RNs, LPN's and aides) and is able under their nursing practice scope, to assign and delegate tasks to subordinates, particularly licensed nurses and nurse assistants, in manners set forth in this manual, and within the delegation requirements of the particular state regulators.*
    c. *Clinical Competency: Delegation and Assignment: The RCDs know that they must evaluate all personnel timely and assure that when assigned to perform assistive care to clients, the nurses and nurse assistants possess the requisite clinical competence, that is when they demonstrate in the presence of the RCD, or a designee, that they can perform all the services they are expected to deliver to residents, accurately with at least average proficiency, which competency is to be reaffirmed whenever necessary (and being orientated to a new service will require preplacement competency tests) or no later than each 120 days)*

4. The title of the SBV staff member that is responsible for ensuring the institution's compliance with its plan of correction:

    a. SALSA Mary Flahive-Dickson.

Violation Number 5:

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 Assisted living services agency (ALSA) (g) Supervisor of assisted living services (2)(E) and (f) Personnel policies for an assisted living services agency (B)(i)(ii)(E).

5. Based on review of agency documentation and staff interviews, for three of three Assisted Living Service Agency (ALSA) aides (NA #1, 2 & 3), the Supervisor of Assisted Living Services Agency/SALSA failed to ensure in-service training, pre-employment, annual physicals and tuberculosis screenings were completed by the assisted living aides. The findings include:

a. Interview and review of the personnel files with the SALSA on 12/10/24 at 1:30 PM identified Nurse Aide's (NA #1) date of hire of 11/17/23 and lacked evidence of a pre-employment, annual physical and/or tuberculosis screenings in the personnel file, NA #2's date of hire of 4/08/22 and pre-employment physical dated 4/01/22 and NA #3's date of hire of 9/24/19 and lacked evidence of a pre-employment physical or annual physical and tuberculosis screenings in 2020, 2021 and 2022 and failed to ensure physicals and tuberculosis screenings were completed in accordance with the Regulations of Connecticut State Agencies.

Interview and review of NA #1, #2 and #3's personnel files with the SALSA on 12/10/24 at 1:30 PM failed to identify the completion of eight (8) hours of dementia-specific training within one hundred twenty (120) days of hire, and not less than eight hours of such training annually thereafter, and annual training of not less than two hours in pain recognition and administration of pain management techniques for direct care staff in accordance with Connecticut General Statutes Section 19a-562a Training requirements for nursing home facility and Alzheimer's special care unit or program staff.

Answer to Violation No. 5:

As the Agency does not anticipate making any practitioner referrals at this time and in response, rather than contest the facts, Stonebrook accepts them, and offers the following Statement in Mitigation to Violation No. 5, and Plan of Correction to it which measures will assure the Agency that the corrective plan will prevent a recurrence of noncompliance in the future.

Statement in Mitigation to Violation No. 5:

In mitigation, the supervision was under the impression that the BOM had been tracking the renewals and keeping the staff files up to date, and that had not been done because of a lack of communication; we have remedied the problem.

Plan of Correction to Violation No. 5

1. The measures that the institution intends to implement or systemic changes that SBV intends to make to prevent a recurrence of each identified issue of noncompliance.

    a. The SALSA is responsible for management of all training schedules and documents, to be recorded and filed in staff personnel files.
    b. The SALSA will track, by way of a tracking calendar tool, staff completion of all orientation training and dementia training within 6 months of hire unless staff is hired for memory care unit (within 120 days). In addition, 8 hours annually and 2 hours of training on pain management techniques. (See Exhibit 5A)
    c. Teaching techniques and learning methods for in-service training of staff to include interactive and didactic methods as well as feedback from learners and trainee-initiated methods.

d. A tracking tool for all documents, both Medical and Human Resources, will be utilized by the SALSA and Human Resources Officer on a monthly basis. The Personnel File Checklist and Medical File Checklist will be utilized for all updates including initial pre-hire documents, hire documents, yearly documents et al..on a monthly basis.
(See Exhibit 5B)

2. The date each such corrective measure or change by SBV is effective.

   a. The tracking tools have been in use since December 13, 2024
   b. The required yearly Education materials have been supplied to all clinical staff as of December 13, 2024.
   c. As of December 31, 2024, ½ of the clinical staff returned the education materials to the SALSA from

3. SBV's plan is to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained.

a. The SALSA, in accordance with **Stonebrook Village Training Policy,** will be adhering to the following:
Training requirements in Ct.: orientation is not less that 10 hours, dementia training not less than 8 hours, that must be completed within 6 months of hire, (120 days if they work in a memory care unit) 8 hours annually, and 2 hours of training on pain management techniques, for direct care staff. (an hour of dementia care training is necessary to all staffs who perform services in a memory care unit.)

The SALSA is responsible to provide or supervise training through a licensed nurse with requisite qualifications, that all in-service training that is needed to ensure staff achieves competencies is delivered but at a minimum accomplishes the following: i) the staff provides in-service training on an annual average of at least 10 hours of orientation, dementia training of not less than 8 hours and 2 hours of training on pain management ii) the staff documents all in-service training by categorizing the subject categories covered, time allotted for the training, people in attendance and some indication that each staff member was an active participant; iii) If the nursing department utilizes aides from outside services agencies, or nurse pool, the RCD must maintain sufficient documentation to demonstrate that in-service training requirements as set forth above are met; and iv) the training curriculum will have the opportunity for staff to recommend subjects for which they believe they need to be trained on, with adaptations to in-service training to meet some or all their requests.

In Accordance with Stonebrook Village Staffing and Staff Filing Policy and Procedure:

Employee File Requirements: The ED for nonclinical staff and the RCD for clinical staff are each responsible to create and keep a well-organized filing system that has at a minimum, a separate file for each staff member whether that staff is a volunteer, is full-time, part-time or per diem, and to some extent agency staff and paid caregivers with periodic updates. Specifically, i) in each file there shall be a job description signed by the employee acknowledging the expectations for the job they are being hired and trained to perform; ii) an application or resume describing whatever educational preparation and work experience, i.e., a resume, was used to evaluate the staff member at hire along with proof that the employee meets minimum age requirements or meets age requirements when accompanied by a parental consent letter; iii) copies of the staff member's licenses or any other credential required for them to do the job, or in the case of an unlicensed staff, written verification of successful completion of a home health aide training and/or whichever competency evaluation program or a competency evaluation process that they received that would permit them to work under the particular state license; iv) copies of written annual performance evaluations; v) in states that require, copies of health examinations including pre-placement testing for tuberculosis and other communicable diseases and post- employment evidence of annual physical; vi) copies of all background checks, and related paperwork showing they passed or obtained a waiver; vii) documentation signed by the employee of results of orientations that show the general content with lengths of time, in which the staff member received orientation and that the staff member satisfactorily completed the orientation; viii) documentation signed by the employee of results of educational activities that show the general content subjects in which the staff member received education and that the staff member satisfactorily completed the education; ix) documentation signed by the employee of results of in-service educational activities that show the general content with lengths of time in which the staff member received in-service education together with dates and times of the in-service education, and that the staff member satisfactorily completed the in-service education; x) documentation signed by the ED, RCD or designee, to show that the staff member demonstrated to supervisory staff to be competent to perform all those tasks they will be expected to perform based on their job description and scope; xi) documentation signed by the ED, RCD or designee, and the employee or evidence that such documentation was requested to be signed by the staff, to reflect any disciplinary actions that were taken against the staff member; xii) documents to reflect any complaints made by a staff member and any complaints that were made against a staff member as well as the results of investigations and resolutions; xiii) a signed statement that the staff member has received a copy of and received training on the implementation of policies setting forth the resident's rights and responsibilities as required in the state license; xiv) documentation that the staff were trained in life safety and infection control; xv) documentation about training on use of nurse call, restraints, response to emergency medical events, and training on reporting abuse witnessed and the consequences of perpetrating abuse; and xvi) evidence that staff received substance abuse and drug diversion policies immunizations, an Employee handbook and disclosures related to workplace safety.

4. The title of the SBV staff member that is responsible for ensuring the institution's compliance with its plan of correction:

   a. SALSA Mary Flahive-Dickson.

Violation Number 6:

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 Assisted living services agency (d) Governing Authority of an assisted living services agency (4)(A) and/or (B) and/or (C) and/or (l) Quality assurance program for an assisted living services agency.

6. Based on review of agency documentation and interviews with agency personnel, the Governing Authority failed to appoint a social worker to the quality assurance committee and failed to ensure the quality assurance committee met at least once every one-hundred and twenty (120) days in accordance with the Regulations of the State of Connecticut. The findings include:

   a. Interview and review of the agency's documentation with the Executive Director on 12/10/24 at 1:15 PM, identified the only quality assurance meeting since the last re-licensure survey was conducted on 10/03/24 and consisted of a physician and nurse, but failed to identify the quality committee met at least once every one-hundred and twenty (120) days in accordance with the Regulations of the State of Connecticut and failed to ensure the appointment of a social worker with a bachelor's degree.

Answer to Violation No. 6:

As the Agency does not anticipate making any practitioner referrals at this time and in response, rather than contest the facts, Stonebrook accepts them, and offers the following Statement in Mitigation to Violation No. 6, and Plan of Correction to it which measures will assure the Agency that the corrective plan will prevent a recurrence of noncompliance in the future.

Statement in Mitigation to Violation No. 6:

In mitigation, there was a plan in place to retain a social worker, but she had yet to start when the survey occurred: we have remedied the problem.

Plan of Correction to Violation No. 6

1. The measures that the institution intends to implement or systemic changes that SBV intends to make to prevent a recurrence of each identified issue of noncompliance.

   a. The Governing Authority and Executive Director have appointed (2) Social Workers to the Quality Assurance Program at Stonebrook Village. The first SW will be the primary

QA attendant with the second SW to fill in if and when the first SW cannot attend meetings. The next QA meeting will include a physician, a registered nurse with a minimum of two (2) years of clinical experience in home health care and a social worker with a bachelor's degree in social work or in a related human service field, and will take place on January 15, 2025 at Stonebrook Village. (See Exhibit 6A)

2. The date each such corrective measure or change by SBV is effective.

   a. The appointment of the Social Workers for the Stonebrook Village QAC was made on December 5, 2024
   b. First QAC meeting involving the SW is slated for January 15, 2025

3. SBV's plan is to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained.

a. In accordance with Stonebrook Village Quality Assurance Policy, Stonebrook Village QAC will adhere to the following: In Connecticut, ALSA's must have a quality assurance committee appointed by a governing authority (Connecticut regulations require a formal governing authority be set up to assure that the ALSA does among other things, approving quality assurance committee (QAC) members, and monitoring the quality assurance program.

The QAC must have as disinterested persons, at least one physician, one registered nurse, with requisite experience, and one social worker, with a bachelor's degree in social work. The professionals on the board must have been in active practice within the previous five years. The QAC meets quarterly. Minutes which must be approved at the next QAC, and are to capture for the quarter, a program evaluation, assessment and referral, service records, resident satisfaction, personnel qualifications, standards of care, and professional issues, especially as they relate to the quality of services delivered. The written QA program must establish methods to evaluate overall performance to include a resident chart audit (usually six, randomly selected). The evaluation must determine the extent to which core services provided by the MRC were in fact delivered, or accounted for if not, and whether the care needs of residents were met, including services delivered by outside agency staff.

4. The title of the SBV staff member that is responsible for ensuring the institution's compliance with its plan of correction:

   a. SALSA Mary Flahive-Dickson.

Thank you for your time and attention to this matter. If you have any questions regarding this matter. please contact me, Mary, SALSA at 860-690-7660 or on my cell, at 413-519-3094 as I have been the person designated to answer the violations (except as to no.1), I will be responsible for monitoring the corrections to ensure that the problem does not reoccur and I will be available should the Agency have any follow-up to this POC. Please take note that the documentation in support of the POC is attached in the list of Exhibits, and should we have other documents in support of the compliance efforts for the POC, we will submit those in a supplement to the POC.

Sincerely,

~ Mary Flahive-Dickson ~

CC: Everbrook Senior Living, 162 College Highway, Southampton, MA. 01073, and at Rkelley@everbrookseniorliving.com

Table of Exhibits:

Exhibit I-In support of violation number 1:
- Exhibit 1-A: ED Kevin Horan Letter:
- Exhibit 1-B: Resident letters of Support
- Exhibit 1-C: Leadership Training Module
- Exhibit 1-D: Letter of Acknowledgement Kevin Horin:

Exhibit 2-In support of violation number 2:
- Exhibit 2A: Timeline for Hiring RN Designee

Exhibit 3-In support of violation number 3:
- Exhibit 3A: Monthly ALSA report form

Exhibit 4-In support of violation number 4:
- Exhibit 4A Education Tracker Tool

Exhibit 5-In support of violation number 5:
- Exhibit 5A Inservice calendar
- Exhibit 5B Personnel File Checklist

Exhibit 6-In support of violation number 6:

Exhibit 6A Documents of appointed Social Workers

EXHIBIT I A

STONEBROOK VILLAGE

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Windsor Locks, Ct. 06096

Telephone: 860--690-7660

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Connecticut Department of Public Health:
Elizabeth T. Heiney, B.S., R.N., B.C.
Supervising Nurse Consultant
Facility Licensing and Investigations
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410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308

January 9, 2025

Dear Ms. Heiney.

On behalf of myself as executive director and Service Coordinator of Stonebrook Village, given that my alleged conduct is at the center of notice of violation no. 1, I ask that you consider my response to the allegations in mitigation and not in opposition. I first want to say that although many of the allegations were based on perceptions of what I supposedly meant in a gesture such as gritting my teeth, which as explained, were not meant to be demeaning towards anybody, as I said at a recent resident council meeting, if any resident of Stonebrook Village or staff, has taken offense with anything that I said or did, I give my most sincere apology as my mission at Stonebrook Village is and always has been to enhance the resident experience by delivering residents high quality services performed the way they want and expect.

As background, I was brought to Stonebrook Village in the late summer of 2023 for the express purpose as dictated by the governing authority, to bring about a change to the culture, work ethic, and work quality particularly in the clinical department which I and the current SALSA found to be very fragmented, a consequence of poor leadership at the executive director and SALSA position. In these past 16 months, having replaced the SALSA, I have attempted to bring in a first-rate SALSA and RN designee as the ALSA had become over reliant on agency and per diem staff which impaired teambuilding and morale was poor. We hired and struck out with a replacement SALSA who had to be let go quickly because of an unknown but serious medical issue, hired and struck out with a second SALSA who had great credentials, but staff were threatening to quit if she was not replaced, and we elevated the RN designee to SALSA, which simply did not work out, leading to her departure. Given the experiences of producing such weak RN candidates within a very tight labor market, we decided to take the time to search more deeply for a replacement of SALSA and RN designee to avoid the turnover dilemma and instead activated the RN consultant at Everbrook to be SALSA until such time as we could find suitable replacements.

While we admit that the department has been run shorthanded at RN as alleged, in mitigation, we were highly focused on bringing about positive change to the department, and we have seen

positive cultural change, and much improved morale and we made significant improvements to the building and other service programs. Currently, we very little and sometimes no agency staffing, built a roster of committed full and part-time clinical staff that want to be part of a great team which is good for residents, have empowered our licensed practical nurses to take on added responsibility and to take initiative to become RN which Everbrook helps fund, and we promoted a C N A to be memory care director which displays to staff a real pathway to career advancement. Admittedly, while I worked hard and at times frenetically (though never have I acted to demean or disrespect anybody), it became apparent to me from results of the spot investigation, that at least some residents and staff took certain of my gestures and statements (in my view out of context), to be aggressive, with several, feeling that their right to respect and dignity which the agency has purview over, was violated. While I do not wish to be heard formally in opposition, I do agree with the governing authority to undergo leadership retraining and sensitivity training, (the training module attached), to reassure the organization, myself, staff and residents, that I will increase my self-awareness about how they may perceive my words and deeds prior to saying anything and I will attempt to be sensitive to the feelings of others during encounters with them. I also agreed to assign the role of resident council liaison to the business office manager for a time to allow residents to have someone else to bounce ideas off during my absence. I do want to reassure the agency that speaking with many family members on Christmas Day and New Years Day reassures me that Stonebrook Village is going in the right direction. (attached letters indicate as such) and with my retraining and training, I feel that all residents and staff will be reassured that Stonebrook Village staff with me as leader, cares a lot about them and their well-being.

Specifically, I comment on the statement by the person who claimed that at a Resident Council meeting, and at other times, my behavior had been derogatory and threatening; as previously stated, though I believe it was taken out of context as I never intend to demean anybody, I do acknowledge that I sometimes did not think through how others may perceive my actions to be in terms of my intentions and, I need to do better at thinking through what I will say before actually saying it, and I need to be more sensitive to the perspective of others as I engage with them, and I will be working on that as I had been doing now since a GA member asked me to do so, several months ago. In response to the interview with Person #1 who was said to have witnessed me slamming doors on employees faces, I have to say that never occurred, in the context alleged: I do sometimes have closed door meetings with staff and if I were to shut a door on an oncoming staff I am sure that it would never be a deliberate attempt to demean: and I recall I was in a meeting with someone intending to close the door, and just as I was about to close the door, a staff member appeared just outside my door and it could have appeared to a bystander that I closed the door on someone's face: I did address the incident with the person who appeared to understand the accidental nature of the incident. In response to the allegation that I was seen raising my hands behind employees' backs I do use gestures from time to time when communicating as we have residents with hearing issues and staff with language barriers, but never for a purpose to demean. As far as speaking loudly to wake a resident while they were sleeping in the common areas/lobby of the community, I do from time to time wake residents asleep on a chair in the lobby because, many resident do not approve of such conduct, some being embarrassed to have friends come to see them and see people sleeping in the lobby, and I personally believe that it is not healthy for residents to fall asleep in off hours on non-ergonomically appropriate chairs. I have never awakened a resident with intent to demean or show disrespect but I agree to work to soften the tone when doing it.

In response to the interview with Person #2 upon their stating that complaints had been reported to the Governing Authority/GA in the past, and an on-site visit was conducted by the GA, but no changes have been made by the ED, that is not accurate. From what I can tell, all or almost all the allegations in the violation notice predate the time in which a GA member conducted an investigation and though the GA member I am told will respond directly to that portion of the allegation, I can add that I was asked in the fall by the GA investigator Robert Kelley to stay away from the community for several days while he conducted interviews of staff, (there were no resident complaints) and, I was informed that where no one would state anything on the record, and that even if any of the statements were of record none would rise to a level to justify remedial action, it was decided that no formal remedial actions would be taken. I was, however, recipient of a coaching process on methods I could undertake to soften my approach with staff and to refrain from making statements that could be construed as demeaning or hurtful, and I do believe that I have improved in that area since that coaching occurrence which were not clarified in the notice.

In response to the statement of Person #5 which concerned perceptions of being treated in a demeaning and disrespectful manner, with regard to client care, staffing and long pendant call times, while I do not recall having ever discussed one on one with a resident regarding their call bell usage, I do recall discussing cases involving the impacts of when nurse calls become more regular and lengthy, with several clients (which seems to be that which they were relating): though I do not believe that anything said ever had a hint of intent to demean or show disrespect, it is true in the policy of the ALSA that clients who tend to pull a cord or pendant with regularity can be a sign of a change in condition, which can result in a higher level of care, and I may have been expressing that point if what was alleged was accurate that "it will need to be discussed further regarding a higher services rate with that client". Nevertheless, as previously stated, I believe in such instances in the future, if I soften my approach when addressing such sensitive matters, through my sensitivity training, I will learn to know to be more aware of the resident's emotions regarding such matters, and that, while I may continue to discuss business matters frankly, the delivery will be different, less matter of fact and softer in tone.

In response to a statement by Person #3 that I have been seen threatening termination of employees and have been seen gritting his teeth when speaking to people, it is not true that I threaten employees with termination in public, although in my office since it has been our desire to induce a change of culture I have had some frank discussions with staff regarding changes that they needed to make to improve job performance, and termination may have been discussed as a potential consequence, and some such discussions may have been overheard, however, as far as the allegation that I have been witnessed gritting his teeth when speaking to people, it is a fact that I had a dental procedure over the course of the last six months, in which a removable, partial denture was installed, that moves around when I am speaking, which often requires me to grit my teeth to stabilize it. I believe this is an example of misperceiving my intentions while interpreting an event.

In response to a statement by Person #4 who indicated that during a Resident Council meeting, a request for more tables and chairs in the lobby was made, and I allegedly indicated that "if you want the tables and chairs back, we are going to have to raise the rent, we need occupancy rates up!", I do not recall telling anyone that we need occupancy rates up. I will point out that many of the allegations by people relate to situations that have occurred at resident council. I want to

illuminate my role at resident council before commenting specifically on what was said. When I agreed to be transferred from Elmbrook Village, where I was ED, to Stonebrook, it came with a mandate that enabled me to make some key investments in the building and some programs and I took it upon myself to involve residents in the discussions about money and spending because I wanted to meet as many preferences as I could while spending the funds as smartly as possible. The role of ED is to appropriately balance the needs of corporate, which is a for-profit entity, with needs of residents who must underwrite the rate of return on capital.

I do occasionally remind residents that they underwrite the cost of a stay and that when deciding to request a capital expenditure on their behalf, care must be taken to make cost-benefit analyses because too much unneeded spending can cause rents to go up.(and, I have been very mindful in all my discussions, that the industry has been under much pricing pressure because of inflation on key sectors, food, utilities, insurances, and labor rates, all essential aspects of "rent" in senior living). With this backdrop, it was explained in council meetings that I had chosen to remodel our Fitness Center (Residents Request), install a new Crossroads (a mild memory loss program) Activity Room, the Pub, and the entire first floor of their community was remodeled, and I reminded residents that for any additional spending, we needed to proceed gradually to maintain rent prices. (I am proud to have allowed such open dialogue even if it brought pressure on me)

Aside from cost-benefit analyses and rental increases, another hot-button issue at resident council has been to make changes to activities programming to increase the level of enthusiasm for certain activities because may residents had been complaining that they lacked stimulation and were hum drum. This project has become so involved that we formed a separate task force so we can reach out to a larger percentage of residents for feedback and attempt to use the activity budget more thoughtfully. Sometimes these meetings have become contentious, and I have had to remind residents that we must spend wisely, or rents could increase. I have never threatened rental increases to demean, disrespect or silence a resident from expressing their voice. However, to being calm to the situation, I am assigning the business office manager Diane to run resident council for a time while I continue to head up the activities task force: residents who were concerned about an aggressive action can now that they can express their voices freely to a fresh listener. We will assess whether to make the change permanent.

In response to the finding by the State Agency, which prompted complaint violation number 1, that, an interview occurred with a member of the GA was conducted, with the concerns of Persons #1-5 being reviewed, who indicated that they would be addressed at the ALSA, I can say that I was contacted by the GA representatives who I report to, and, I was told that I would be treated fairly but that, depending on the outcome of the investigation, I could be fired; I was advised that because the allegations were directed against me personally, that though the GA would likely work with the agency and avoid contest of them, I would have the right to retain an attorney and decide whether to contest the allegations. It is notable that I had to nervously oversee Stonebrook's holiday party and get through the holidays, knowing that I may have been fired, which has stiffened my resolve to do right by residents and staff and get to a place where people do not feel nervous around me, and I elected at this time not to personally contest the findings.

Thank you for the opportunity to respond.

~Kevin Horan ~

Stonebrook Village at Windsor Locks, CT. 1-1-25

To Whom it May Concern:

This was my first holiday season at Stonebrook Village in Windsor Locks.
I'm writing this letter to tell Corporate that I think Kevin Horan n his staff did an OUTSTANDING job making our lives here as much like "home" as it could be.

Starting with Halloween - Kevin in the lead - with many of his staff, dressed in GREAT costumes n delivered candy to OUR doors.... it was called ' Reverse Trick or Trick' ! Thanksgiving we were served a DELICIOUS turkey dinner complete with a glass of red or white wine .... families could be invited to join at a very reasonable cost. This past holiday we were offered many Christmas programs , had wonderful entertainment n a FANTASTIC Christmas buffet complete with singers... all of this was well planned n executed in a beautifully decorated place! Being able to invite family n friends to some of these activities helped our holiday spirits! All who attended had a lot of fun!

I have appreciated Kevin's friendly n very positive attitude ever since I moved here this past June. He has a great " sense of humor" in a place that can sometimes get heavy n negative. He seems to be able to lighten the tone of many situations, being either physically helpful or saying just the right comment. One on one Kevin has a way of listening that makes me feel like he values what I say n that my opinion matters. He seems open to the suggestions we make collectively in resident meetings n many times implements our input right away.

Kevin is one of the main reasons I think Stonebrook Viilage is such a great place to live when it comes time to receive the extra support we need.
I'm writing this because I wanted to start 2025 off happy n positive .... the way Kevin makes us feel n think ! !

Wishing you peace n good health in this New Year

Carole Bombard
Apt 411

12-31-2024

To Whom It May Concern

We have been at Stonebrook for four months. During this time we have discussed what we like about living here. Both the staff and residents have been very friendly and helpful. The daily availability of activities and different events are all a part of how nice it is to be here. Along with the existing opportunities we were included in the monthly Resident Council Meeting. The purpose of the meeting was to hear our input on existing activities and upcoming events. We were informed about what activities were not cost effective to continue because of lack of interest or low attendance and participation. During the meeting we were asked for suggestions for new events or activities. We were told what could be a possibility and what could not based on time, expense and staffing. Most residents understood but some were disappointed. Following the meeting some residents explained to us that prior to Kevin becoming the director here the Resident Council meetings were held less frequently and not as productive. We appreciate Kevin's hands on approach as director and his presence at the Resident Council Meeting is an asset. We are very happy with our new home here.

#429

To: Stonebrook Village Administration at Windsor Locks 12/31/24
550 Old County Rd

Windsor Locks, CT 06096

From: Lou and Pat Morando

550 Old County Rd., Apt 315

Windsor Locks, CT 06096

Today my wife and I wanted to express our gratitude for welcoming us into this senior community. The beginning of this month marked our one-year anniversary with Stonebrook. A move from a private home to a senior community is challenging but the administration and the general staff made the transition worry free and enjoyable. We particularly enjoyed the many activities available to residents, the great apartments, dining experiences and the new monthly offerings made available to us.

I appreciated being invited to participate in the Food Committee meetings. Moreover, as time went on I felt confident enough to start suggesting other food styles and recipes.

The Resident Council Monthly meetings are also another valuable means of communication between the new and current residents and management. It is more than the Director of Hospitality, Lauren, announcing new and current monthly activities. It also enables the residents to better understand the operation and challenges of managing an independent, assisted care and memory care community. For this, we appreciate the hands-on presence of our director, Kevin Horan. When policy and management questions arise, it really is advantageous to have someone who can provide these answers.

Therefore, in closing I thank the Everbrook Senior Living organization for making Stonebrook Village available to us in Windsor Locks, CT

Regards,

Lou and Pat Morando

Kevin Horan

From: Jeanne Daniels <jpd426@att.net>
Sent: Wednesday, January 1, 2025 2:20 PM
To: Jeanne Daniels
Cc: Kevin Horan
Subject: Re: Stonebrook Village

Sent from my iPad

> On Jan 1, 2025, at 1:52 PM, Jeanne Daniels <JPD426@att.net> wrote:
>
> To Whom it May Concern:
>
> I became a resident at Stonebrook Village in July, 2023. Several months later, Kevin Horan became our Director. Almost immediately, there were many positive changes, I.e. updating of common spaces , including paint and furnishings, activities and an open door policy for all.
> We have resident council meetings which have been very beneficial. It is extremely important that Kevin attend these meetings as he can speak to every concern of our residents. Kevin is a huge asset to our community and is always available for any issues we need addressed.
> It is a pleasure to live in this welcoming community.
>
> Jeanne Daniels
> Stonebrook Village
>
> Sent from my iPad

EVERBROOK SENIOR LIVING
ADVANCED LEADERSHIP TRAINING PROGRAM
Competence, Compassion, Service

INTRODUCTION

Everbrook strongly prefers that its executive directors and other leaders be servant leaders. Such a leader will "grab a broom" knowing it will lead to respect and trust, and they know how to wield power judiciously, being ready to use authority, but willing to seek alternative means to getting to the same result, and not caring about senses of self-importance. Yet, today's servant leaders must be even more adept at balancing hard and soft skills because, to inspire those newer generations of workers, to want to work to achieve performance goals, while holding them accountable for expected results, is an increasingly challenging balance to achieve. Leadership is ever-changing, because it takes new and different approaches to motivate today's workers as most see the workplace very differently than their more seasoned bosses. This newer generation of workers are mobile, plugged-in, see offices as imprisonments, and while they care about pay, they prioritize diversity, inclusion, their mental health and overall well-being in the workplace. More experienced leaders came up trying to outcompete for promotions and salaries. There is an adage shared by most leaders and that is, "there's no such thing as a free lunch", and yet, employers are finding it necessary to give a free lunch just to get workers to agree to come to the office. How can leaders in health care sectors bridge the gap in culture and values in the workplace and maintain harmony and performance goals? To Everbrook, the kind of leader who can synergize the boomer zest for outworking colleagues to win promotions, which meant tolerating workplace toxicity, with millennial's zest for collaboration and meaningful work, to the "zoomer" zest for technology aided work in a boundaryless workspace, is easy to see as it is obvious- today's workers will not tolerate coercive leadership tactics, rudeness, or any type of authoritative style, and, yet, because many had unstructured home-lives growing up, with higher rates of divorce and single parent homes, and other unconventional dynamics, they want to be led. To Everbrook, there are leadership traits that help all leaders win over staff and get them to work well: empathetic servant leaders, that is a leader with high levels of emotional intelligence, have the best chance to get the most out of today's very heterogeneous worker, and having empathy with high emotional intelligence allows these leader the emotional control to always choose to use a gentle tone when speaking with staff.

As this advanced training program posits, empathetic servant leadership requires a mindset of acceptance of diverse and different views, which means taking the time with each employee to learn more about their emotional and behavioral makes-ups: what makes them tick, what they care about, how they foresee a happy and fulfilling day at work, what they are motivated to become, and how they think their employer can help them get to where they want to go. This emotional assessment will require not just listening but proactive, deep listening, relationship building, but stripped of any implicitly prejudiced language, such as talking as if everyone had a mom and dad in the household growing up, seeing value in everyone's point of view, by being unwaveringly authentic and straightforward, and flexible and yielding to schedules and time-off. If it sounds like a management style that allows the students to run the school, it may, but this is where high emotional intelligence is vitally important to have to maintain order, structure and be able to achieve goals. High emotional intelligence is being very in tune with another's behavioral motivators and emotions. They tactfully meet the worker where their emotional sensibilities lie, where there, they can gain their trust and give all the reasons for why they are and their job is important, why standards of achievement matter, and on how good and rewarding it is to make someone else's day better. Highly emotionally intelligent

leaders, have a mastery of their own emotions, and can subordinate their own emotions for the good of the encounter; they can easily step out of an emotional situation before it turns negative, such as changing the subject, or attempting humor, choose the right tone, and they know the value in giving the right kind of feedback and are always wanting to do build value in the staff.

Module I: Leadership in a Modern Workplace:

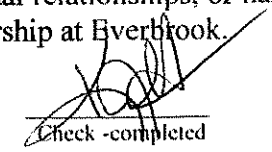
1. **Overview of the Company's Advanced leadership Training Program:** Everbrook Senior Living has developed a proprietary method for cultivating leaders which are those that can positively reflect the values of its three principle founders, all of whom, grew up in middleclass environments dominated by a strong work ethic. The three shared an entrepreneurial spirit, which enabled them to define the kind of personnel they want to have work for them. All three see value in being empathetic to the worker's and their work-home life stressors because that's how they want to be treated: they respect the staffs time off, because they themselves like to enjoy time off, they had to be willing to step in to do any job because all started businesses which necessitated at times, doing menial labor on Sundays then attending board meetings on a Monday. All three partners know implicitly that having meaningful work builds self-esteem and makes for a better quality of work and home life, and a more productive worker, while a hum drum work life and a boss that wields power abusively, tramples self-esteem and makes for a poor quality of life and a less productive worker. Every Everbrook leader knows that they will not be reflecting the values of founders, if they have been not willing to ditch senses of self-importance, roll-up their sleeves to solve problems, or pick-up a broom, and they will certainly not the values of founders if they treat staffs with disrespect, with rudeness, or use coercive tactics or authoritative tactics, unless needed, to hold them accountable.

Check completed.

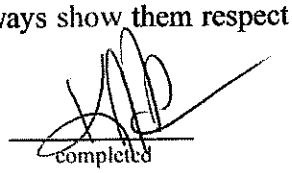
2. **Overview of What it is to be a Team:** The concept of team is sharing goals and objectives of course, but to Everbrook, teams also are emotionally invested in outcomes: when a whole team shares in the anxiety of a challenging project, then they work hard in hopes of seeing their colleagues share with them, the relief of the anxiety after overcoming challenges: and when a whole team knows that they can share in a reward, they work hard in hopes of seeing their colleagues share with them, the fruits of their labor. It conjures up a scene in Shawshank Redemption-Dufrane pleaded with guards to get the guys beer for when they finished a difficult rook job: when the guards delivered, he sat and watched in awe seeing his co-workers drink, while he refrained. The point is that, when workers work solely for themselves and at the expense of others, they sit on an island, and they get sole credit for successes, but are likely terminated when things don't go well. Leaders who recognize the contributions of all tend to get staff to want to reward them with success, while those who take all the credit tend to be looking for a new job. Everbrook values teamwork because it builds camaraderie which makes for a better quality of work and home life, and a more productive worker, while work silos, reduces camaraderie which makes for a poorer quality of work life, and a less productive worker, over the long run.

Check completed.

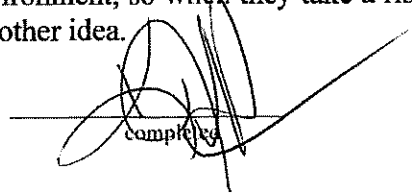
3. **Employer Expectations of Leaders:** Everbrook covets servant leaders who can adapt to changing conditions and be effective. So, what is leadership? In a book by John T Kotter, Professor of Leadership (retired) at Harvard Business School, holds that leadership is a process of influencing a group to engage in a common purpose to achieve a defined set of goals. Power according to Kotter, is a related but different form of leadership: it is related because it is an integral part of ability to influence others, as it too has potential to influence others to bring about desired outcomes. According to Kotter, in organizations there are two kinds of power, personal power, that is power derived from interpersonal relating, and position power, that is, the power that comes with the position. Both can be abused or in what Kotter says is two-faced power: misuse of personal power to get something of value to self when it is supposed to value an organization is one form of abuse, which leads to erosion of relationships which then erodes ability to influence people, just as overusing position power erodes ability to influence people. Kotter relates that power is elated to coercion, coercive leaders use some form of force to cause change-threats of firing, or losing a bonus, that kind of thing, while coercion is different from leadership for it does not influence (influence is not coercion) and coercion tends to lead to negative consequences, high turnover, poor morale being two. The point of leadership therefore, if it is to influence staffs to share a common purpose to achieve a set of goals is at odds with coercing staff to get to a certain result or else and coercive tactics and this would include personal manipulative behaviors, which are tactics designed to gain power over a another (sexual relationships at the workplace being an obvious one, playing favorites to reward those who do as told to get a reward another) or abusing position power (sexual relationships, or harassing, bulling, or intimidating are others) have no place in leadership at Everbrook.



4. **Rudeness and Negative Work Performance:** In a Harvard Business Review article, How Rudeness Stops People from Working Together, the authors describe how incivility in the workplace can fracture a team, destroy collaboration, splinter members sense of psychological well-being, and hamper team effectiveness. Bullying and demeaning comments, insults, backbiting, and other rude behavior can deflate confidence, sink trust, and erode helpfulness. In fact according to the authors, a recent study documented how incivility diminishes collaboration and performance in medical settings. To Everbrook, if incivility in the workplace fractures team, showing kindness and respect, will do the opposite, which is to build team, and if bullying and demeaning destroy collaboration, and splinter members sense of psychological well-being, then showing kindness and respect will do the opposite, which is to enhance collaboration, and boost all members sense of psychological well-being. Rudeness is also a no-no with residents. The leader who acts rude to a resident delivers poor customer service. If a resident is difficult to deal with, the leader will maintain their composure and always show them respect and dignity.



5. **Adapting Leadership to Fit Today's Workforce:** Our mission at Everbrook Senior Living is to create positive later life experiences for residents and families that are superior in quality to that which they expect and what our competitors can provide. What residents value highly and what we strive to deliver is a well-maintained living environment whose staff are personable, compassionate, and highly competent. All team members are expected to do their personal best to build strong interpersonal relationships with residents and visitors at every encounter and participate in creating a living environment that is safe, nurturing, supportive, and clean. Are these lofty, albeit challenging goals to achieve with a new generation of workers? In a September 2022 Harvard Business Review article, what will Management look like in the Next 100 years, the authors discuss the 4th Industrial Revolution, defined as disruptive growth in bio chain technology, robotics, artificial intelligence, and high-performance computing, will fundamentally transform how organizations operate. Tools are enabling decentralized, autonomous and boundaryless businesses, which is seeing more and more democratized and participatory decision-making. What do managers do? According to management scholar Rita Gunther-McGrath, there are three eras of management, all intersecting but also very distinct and they are execution, expertise and empathy. In the execution era, managers took a command-and-control approach thinking of people as machines doing a specific thing; In the expertise era, the primary focus of managers was utilizing and valuing the specialized knowledge and skills of employees. According to McGrath, the era of empathy is where we are now, where managers are expected to create complete and meaningful experiences for employees. The influencers of the eras include Maslow's Hierarchy of needs, which posits a theory that humans need lower level of needs like breathing and eating must be satisfied before humans can be motivated to fulfill their higher-level needs. Security of employment is the next highest need while love and belonging is next highest followed by self-esteem, then on to self-actualization, which is part of creativity, problem solving and the like. Then, there is the learning organization concept by Peter Senge. He posits the view that a learning organization is a place where people want to create what they want to create. Members utilize learning (team learning, building shared vision) to achieve goals, and it breeds a culture of questioning, and making the workplace safe for employees to share openly, and not be afraid to take risks. This is a democratization of the workplace, and where health care bucks the trend somewhat, because staffs must be centralized in a community to perform their work, things rub off: we never knew laborers would have such sophisticated habits of manipulating smart phones. What is a good manager to the new generation of workers? The consensus is that Good managers lead. They inspire, coach, and empower their employees. This is a democratized form of leadership because it does not feed them a fish as the fable goes, it teaches employees how to fish then trusts them to go get fish to eat. Good managers are inclusive and practice participative decision-making, another democratized tactic that gives staff opportunity to give input, at every level. Good managers embrace vulnerability: they know that they have not all the answers, especially in this new, modernized work environment, so when they take a risk and the idea fails, they simply shrug it off and try another idea.



6. **Empathetic leadership:** Empathetic leadership style especially when associated with servant leadership, may be the key to adapting to today's workforce and place while holding staff accountable. In an August 2022 article in the Australian Institute of Business Journal, authors describe the 4 advantages of an empathetic leadership style. According to the AFB, an empathetic leader is a style of leadership that focuses on connecting with employees and understanding (or trying to) their points of view, what makes them tick \: it is ability to not just to see the other person's side of things but to know how it feels to feel as they do. Empathetic leaders must be good at deep listening. This is a desire to understand someone better and connect with them authentically. They are fully present and engaged with staff. Empathetic leaders have high levels of emotional intelligence: This is the ability to self-regulate their own emotions, so they can meet the staff member where they are emotionally. This is not to say that if a staff member is depressed, leaders with high levels of emotion know how to set emotional boundaries so while they can relate emotionally, they are not overcome by emotion. When the leader possesses high levels of emotional intelligence, they have a mastery of their emotions which enables them to choose kindness and respect even when imposing discipline and even if they themselves are being subjected to ridicule. Empathetic leaders are flexible. While leaders commit to decisions, they can be flexible in their approach. They ask, can we provide accommodation for this employee and get the same or better results? The empathetic leader finds solutions that are win-win. In 2016, Harvard Business Review released an empathy index highlighting the top empathetic companies. It was found that the top 10 Co's outperformed the bottom 10 by 50% in productivity. It was found that when a team is made aware of the positive impact their hard work has on others, they perform better. and that was because they could empathize with people around them. Google conducted project Aristotle: it determined that what made a high performing, happy team within an organization, and the secret to a successful team, was empathy. Empathy unlocks the power of diversity. It allows people to understand their colleague's different mindset, and the emotionally intelligent leader will know and understand through a process of self-appraisal on how to understand when their perspective is out of touch with most of the workers (because they care to inquire), and they will brainstorm on ways to bridge the gap. Empathetic leaders will always treat residents with dignity and respect because they know that vulnerable elderly can make inappropriate comments or do inappropriate things and yet tey are at an age where the leaders will know never to take it personally.

11/07/2025
completed

Notes: *The ED should ask the BOM to place this completed advanced leadership training summary in their file, and all other managers the ED can file.* _____ *(date)*

Manager:

Robert Kelley
Governing Authority Member

EXHIBIT 1-D

STONEBROOK VILLAGE

Kevin Horan, Executive director/Service Coordinator
550Old County Rd.
Windsor Locks, Ct. 06096

Telephone: 860--690-7660

email: khoran@everbrookseniorliving.com

Everbrook Senior Living
Robert Kelley, COO
162 College Highway
Southampton, MA.01073

January 9, 2025

RE: letter of Acknowledgement:

Dear Mr. Kelley:

In response to your request that I acknowledge the following:

1. I acknowledge that I am aware that Stonebrook Village received a Notice of Violation of Non-Compliance with Regulation in December 2024 and that violation no. 1 involved alleged conduct of me.

2. I acknowledge that while I did not admit to the allegations made by witnesses, purportedly staff and residents, I accepted the allegations as true to address the violations in a Plan of Correction.

3. I acknowledge that the Plan of Correction required me to undergo leadership retraining and sensitivity training and that, the remedy imposed will not be effective unless I can apply some of the lessons drawn from the training and by the sheer disappointment reading about the perceptions of staff and residents that I may have acted disrespectfully.

4. I acknowledge that should Stonebrook receive future complaints about similar behavior, that executive management could if it so elects, to deem the allegations in the violation notice as true and impose whatever discipline it deems necessary to safeguard residents, staff and the organization, including my removal as executive director at Stonebrook Village.

Thank you for your consideration of this matter and please accept my electronic signature as if wet.

~Kevin Horan~

Stonebrook Village @ Windsor Locks

Nursing Aide Care Assessment

Nursing Aide: _____

Resident: _____

Date: _____

Skill	Satisfactory/ Unsatisfactory additional training needed	Comments
PERSONAL CARE SKILLS		
Provide incontinence care	☐ Satisfactory ☐ Unsatisfactory ☐ NA	
Dressing	☐ Satisfactory ☐ Unsatisfactory ☐ NA	
Shower/Bath	☐ Satisfactory ☐ Unsatisfactory ☐ NA	
Grooming	☐ Satisfactory ☐ Unsatisfactory ☐ NA	
Assist with Transfers	☐ Satisfactory ☐ Unsatisfactory ☐ NA	
Assist with Mobility	☐ Satisfactory ☐ Unsatisfactory ☐ NA	
Shave the resident	☐ Satisfactory ☐ Unsatisfactory ☐ NA	
Assist with Eating	☐ Satisfactory ☐ Unsatisfactory ☐ NA	
Apply compression/ Ted stockings	☐ Satisfactory ☐ Unsatisfactory ☐ NA	
Make bed	☐ Satisfactory ☐ Unsatisfactory ☐ NA	
Provide shower	☐ Satisfactory ☐ Unsatisfactory ☐ NA	
Provide Laundry care	☐ Satisfactory ☐ Unsatisfactory ☐ NA	
Perform Hand washing/use of Hand Sanitizer	☐ Satisfactory ☐ Unsatisfactory ☐ NA	
Measure/Record Solid intake	☐ Satisfactory ☐ Unsatisfactory ☐ NA	
Compliance with Care Plan	☐ Satisfactory ☐ Unsatisfactory ☐ NA	

Nursing Aide: _____ **Signature:** _____ **Date:**_____

Supervisor: _____ **Signature:** _____ **Date:**_____

Stonebrook Village @ Windsor Locks

Nursing Aide Care Assessment

Nursing Aide: Omara Williams
Resident: Violet Nahabedian
Date: 12/23/24

Skill	Satisfactory/ Unsatisfactory additional training needed	Comments
PERSONAL CARE SKILLS		
Provide incontinence care	☒ Satisfactory ☐ Unsatisfactory ☐ NA	
Dressing	☒ Satisfactory ☐ Unsatisfactory ☐ NA	
Shower/Bath	☒ Satisfactory ☐ Unsatisfactory ☐ NA	
Grooming	☒ Satisfactory ☐ Unsatisfactory ☐ NA	
Assist with Transfers	☐ Satisfactory ☐ Unsatisfactory ☒ NA	
Assist with Mobility	☐ Satisfactory ☐ Unsatisfactory ☒ NA	
Shave the resident	☐ Satisfactory ☐ Unsatisfactory ☒ NA	
Assist with Eating	☐ Satisfactory ☐ Unsatisfactory ☒ NA	
Apply compression/ Ted stockings	☐ Satisfactory ☐ Unsatisfactory ☒ NA	
Make bed	☐ Satisfactory ☐ Unsatisfactory ☒ NA	
Provide shower	☒ Satisfactory ☐ Unsatisfactory ☐ NA	
Provide Laundry care	☐ Satisfactory ☐ Unsatisfactory ☒ NA	
Perform Hand washing/use of Hand Sanitizer	☒ Satisfactory ☐ Unsatisfactory ☐ NA	
Measure/Record Solid intake	☐ Satisfactory ☐ Unsatisfactory ☒ NA	
Compliance with Care Plan	☒ Satisfactory ☐ Unsatisfactory ☐ NA	

Nursing Aide: Omara Williams **Signature:** Omara Williams **Date:** 12/23/24

Supervisor: M Flahive Dickson **Signature:** M Flahive Dickson **Date:** 12/23/24

Stonebrook Village

A SENIOR LIVING COMMUNITY

RESIDENT CARE DIRECTOR MONTHLY REPORT

DATES:	AL CENSUS	CROSSROADS Census	EGIS Census	All Core Services Provided?	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

Comment:

List ~~number of deaths for the month, MLOA, move outs, how many assessments were~~ performed.

Summary of any resident problems and/or concerns with resolution:

Summary of core services if interruptions occurred with resolutions/ current staffing needs.

Resident Care Director

Date

ED/ Service Coordinator

Date

STONEBROOK VILLAGE INSERVICES

TITLE OF EDUCATION	DATE	NAME	COMPLETE Y/N	SIGNATURES OF TRAINEE AND TRAINER

EXHIBIT 2-1

TIMELINE FOR HIRING RN DESIGNEE AT STONEBROOK VILLAGE:

1. On January 2, 2025 an ad was placed on the Indeed Job Board for an RN Designee. To date there have been 12 responses to the ad.
2. Of the 12 responses, there have been 4 candidates contacted by the SALSA.
3. Of the 4 candidates contacted, the SALSA has conducted 2 phone interviews
4. Of the 2 phone interviews, 1 in person interview has been scheduled for January 14, 2025

In addition, the SALSA has contacted the Nurse Network twice to ask about contracting an RN until such time as an RN Designee could be hired. To date, there are no available RN candidates with the Nurse Network with whom to contract,

In addition, the SALSA has contacted local RNs, spoken with the RNs of Stonebrook Village sister communities and a local college who prepares RNs (Goodwin University) in an attempt to secure an RN for the RN designee.

Our goal is to have the RN Designee position filled by the 31st of January or at the latest, the 15th of February.

EXHIBIT 6-1

Rachael Pachter, LCSW

New Britain, CT • 860.424.6459 • Rachael.Pachter@gmail.com

EDUCATION

Master of Social Work, Clinical Concentration — **2014-2016**
Fordham School of Social Work — New York, NY
Phi Alpha Honors Society

Bachelor of Arts in Psychology — **2010-2014**
University of Connecticut — Storrs, CT

LICENSES & CERTIFICATIONS

2020 Seminar in Field Instruction (**SIFI**) Certification
2024 Licensed Clinical Social Worker (**LCSW**)

SOCIAL WORK EXPERIENCE

Connecticut Behavioral Health Hospital — October 2020-Present
Social Work Manager, Inpatient Behavioral Health for Older Adults — West Hartford, CT

- Conduct thorough bio-psychosocial assessments with patients upon arrival to hospital
- Work collaboratively with interdisciplinary team to develop and implement appropriate interventions and treatment plans for patients
- Provide ongoing communication with family and community supports/facilities throughout treatment
- Facilitate all aspects of discharge planning to ensure patients discharge from hospital safely
- Conduct a monthly support group for caregivers caring for loved ones with dementia and mental health illnesses
- Provide ongoing clinical support to patients throughout treatment
- Oversee and support social work department and provide direct supervision for two hospital social workers
- Co-manage utilization reviews for patients carrying managed care insurance and provide daily clinical updates to insurance companies

DOROT — May 2016-October 2020
Social Worker; Friendly Visiting Program — New York, NY

- Conducted initial assessments and reassessments of older adults in their homes
- Connected older adults with critical socialization services to address social isolation and loneliness
- Supervised social work graduate student interns
- Supervised group of college summer interns
- Supported caseload of *Friendly Visiting* relationships between seniors and volunteers
- Worked collaboratively across the agency on a wide variety of programming, administration, and clinical tasks
- Co-lead twice monthly orientations for incoming volunteers

Manhattan Vet Center — Sept. 2015-May 2016
Social Work Intern — New York, NY

- Provided readjustment counseling to combat Veterans and Veterans who had experienced sexual trauma while in military service
- Managed a caseload of 2-3 ongoing clients
- Co-facilitated a psycho-educational group for patients in the Manhattan VA Hospital detox inpatient unit

DOROT — Sept. 2014-May 2015
Social Work Intern — New York, NY

- Conducted initial assessments and reassessments of older adults in their homes
- Covered intake & referral line 1-2x a week
- Managed 12-14 Friendly Visiting relationships between seniors and volunteers

RELEVANT TRAININGS & EXPERIENCE

2024 ***CPR and First Aid Certified***
CPR Solutions via the American Heart Association

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT

THE INDIVIDUAL NAMED BELOW IS LICENSED
BY THIS DEPARTMENT AS A

LICENSED CLINICAL SOCIAL WORKER

RACHAEL PACHTER, LCSW

LICENSE NO.
013874

CURRENT THROUGH
04/30/25

VALIDATION NO.
03-108141

SIGNATURE

COMMISSIONER

MICHELE KIERAS, LCSW

9 Union Street • Plantsville, CT 06479 • (860) 302-5180 • mkieras2@gmail.com

Licensed Clinical Social Worker with over 20 years of clinical, marketing, and management experience in healthcare. Expertise includes clinical best practices, developing and executing new revenue opportunities, healthcare marketing strategy, and team mentoring and training.

AREAS OF STRENGTH

- Development and implementation of standards of clinical best practices that result in improved efficiency of clinical operations and increased clinical competency of employees.
- Networking ability and the formulation of collaborative relationships with multiple healthcare providers across the post-acute care continuum.
- Strategic marketing skills to promote programs and services to generate business growth.
- Presentation skills and ability to produce and facilitate inservice education on a wide variety of behavioral health topics.
- Results-driven customer service professional with strong work ethics and follow through.

PROFESSIONAL EXPERIENCE

HARVEST HEALTHCARE
Avon, CT
2014-present

Director of Social Services

- Supervision and training of a clinical team of Licensed Clinical Social Workers, monitoring and evaluating performance and productivity to ensure compliance and clinical best practices.
- Management of the Harvest Educational Institute, developing and providing behavioral health inservice education to accounts, which has resulted in 100% growth per year.
- Assistance with marketing, strategic initiatives, program development, and quality improvement projects, resulting in increased revenue for the company.
- Development of a new channel of business within the company by becoming a Certified Alzheimer's Disease and Dementia Care Trainer and facilitating the Alzheimer's Disease and Dementia Care Seminar for healthcare providers throughout Connecticut.
- Development and maintenance of trusting relationships with accounts and assistance with timely resolution of customer service issues.
- Performance of audits on clinical documentation of employees in order to ensure compliance, provide feedback, and identify areas of improvement.
- Facilitation of diagnostic and therapy services to residents including individual and group therapy.

Michele Kieras, LCSW

ENCOMPASS HOME HEALTH
Rocky Hill, CT
2014-present (per diem)

Medical Social Worker
- Assessment and treatment planning for the psychosocial needs of patients in assisted living facilities.
- Individual and family counseling to engage patients and caregivers with their plans of care.
- Facilitation of referrals to community agencies for the individualized needs of patients.

HARTFORD HOSPITAL/INSTITUTE OF LIVING
Hartford, CT
2000- present (per diem)

Assessment Clinician II
- Psychiatric evaluations of patients in emergency departments at Hartford Hospital and the Connecticut Children's Medical Center with referrals to appropriate levels of care.
- Collaboration with physicians, lead mental health agencies, outpatient therapists, DCF, and other community providers regarding treatment recommendations of patients evaluated.
- Facilitation of admissions to the inpatient units at the Institute of Living.
- Management of crisis hotlines in the Assessment Center for multiple community providers.

HARTFORD HEALTHCARE AT HOME (formally VNA HEALTHCARE)
Waterbury, CT
2007-2014

Transitional Care Coordinator (2012- 2014)
- Development of marketing action plans to meet and exceed home care referral goals from 22 designated accounts. Generated over 1,100 qualified home care admissions and 41 hospice admissions for fiscal year 2013.
- Collaboration with skilled nursing facilities, assisted living facilities, hospitals, and physicians to coordinate successful care plans for patients transitioning across the post-acute care continuum.
- Pre-discharge patient and family onsite assessments to ensure a smooth care transition.
- Development and maintenance of trusting relationships with designated accounts and timely resolution of customer service issues.
- Identification of opportunities for strategic partnerships and new clinical initiatives to generate business growth.
- Facilitation of inservice education and presentations to facilities in territory to market programs.
- Preparation of quarterly chart audits for a provider with recommendations.
- Completion of weekly goals and initiatives and monthly variance reports to track progress of business growth and identify opportunities for new business.
- Participation in community initiatives including the Greater Waterbury Health Forum, CNV HealthCare Network Group, Waterbury Hospital CHF Readmission Task Force, Griffin Hospital Continuing Care Collaborative, and the B.R.A.S.S. Waterbury Senior Services Provider Network.

MICHELE KIERAS, LCSW

Medical Social Worker (2007- 2014) (per diem)
- Assessment and treatment planning for the psychosocial needs of patients.
- Facilitation of referrals to community agencies for the individualized needs of patients.
- Individual and family counseling to engage patients and caregivers with their plans of care.
- Collaboration with home care staff to ensure a successful transition home and continuity of care.

HARVEST HEALTHCARE
Avon, CT
2008-2012

Behavioral Health Consultant
- Diagnostic and therapeutic services to residents in skilled nursing and assisted living facilities.
- Collaboration with multi-disciplinary teams for the behavioral health needs of residents.
- Individual therapy, behavioral management, and treatment planning for residents.
- Behavioral health in-services for nursing staff on various topics in geriatric healthcare.

HARBORSIDE HEALTHCARE/CARING CHOICES HOSPICE
Rocky Hill, CT
2006-2007

Supervisor of Social Work and Bereavement Coordinator
- Recruitment, training, and supervision of LCSW's, Bereavement Counselors, and volunteers.
- Facilitation of the co-training of 25 staff for the provision of hospice care at 4 facilities.
- Development and facilitation of presentations to staff in facilities to market new hospice program.
- Psychosocial assessments and care plans for hospice patients and families.
- Collaboration with interdisciplinary teams to assure quality end of life care.

LICENSURE, CERTIFICATIONS, AND EDUCATION

State of Connecticut, Department of Public Health	Licensed Clinical Social Worker License # 004587 (1999)
National Council of Certified Dementia Practitioners	Certified Dementia Practitioner and Certified Alzheimer's Disease and Dementia Care Trainer (2016)
University of Connecticut School of Social Work	Master of Social Work (1996)
University of Connecticut	Bachelor of Arts in Psychology (1992)

VOLUNTEER EXPERIENCE

Clinical Supervisor (2008-present)

- Provide clinical supervision for Master's level social workers towards getting their 100 hours of supervision towards licensure.

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MICHELE M. KIERAS

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CURRENT THROUGH
02/28/25

VALIDATION NO.
03-090372

SIGNATURE

COMMISSIONER