STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

Accepted
2/10/25
ETsherry RN BSN

February 4, 2025

Leanne Blanchard, Executive Directort
The Orchards At Southington
34 Hobart Street
Southington, CT 06489
Via Email: LeaAnn.blanchard@hhchealth.org and Patrice.Eleveld@hhchealth.org

Dear Ms. Blanchard:

An unannounced visit was made to The Orchards At Southington on January 15, 2025 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a complaint investigation survey.

Attached is the violation of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which was noted during the course of the visit. The state violations cannot be edited by the provider in any way.

In accordance with Connecticut General Statutes, section 19a-496, upon a finding of noncompliance with such statutes or regulations, the Department shall issue a written notice of noncompliance to the institution. Not later than ten days after such institution receives a notice of noncompliance, the institution shall submit a plan of correction to the Department in response to the items of noncompliance identified in such notice.

The plan of correction is to be submitted to the Department by February 14, 2025.

The plan of correction shall include:
(1) The measures that the institution intends to implement or systemic changes that the institution intends to make to prevent a recurrence of each identified issue of noncompliance;
(2) the date each such corrective measure or change by the institution is effective;
(3) the institution's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained; and

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

The plan of correction shall be deemed to be the institution's representation of compliance with the identified state statutes or regulations identified in the department's notice of noncompliance. Any institution that fails to submit a plan of correction may be subject to disciplinary action.

You may wish to dispute the violation and you may be provided with the opportunity to be heard. If the violation is not responded to by February 14, 2025, or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

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

Please return your oroginal violation letter, along with your Plan of Correction and response, to Elizabeth Heiney, Supervising Nurse Consultant, at Elizabeth.Heiney@ct.gov. Please direct your questions concerning the instructions contained in this letter to Elizabeth Heiney directly at (860) 509-8059. Please do not send another copy via US mail.

Respectfully,

/s/

Elizabeth Heiney, BS, RN, BC
Supervising Nurse Consultant
Facility Licensing and Investigations Section

EH:csf

c. VL

Complaint #42624

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (g) Supervisor of assisted living services (2)(A)(B) and/or (h) Nursing Services provided by an assisted living service agency (3)(C).

1. Based on review of clinical records, agency documentation, interviews with agency personnel and an agency policy for one of three clients (Client #1) in the survey sample who received assisted living services, the agency failed to identify a change in a client's condition timely resulting in a delay in care. The findings include:
   a. Client #1 was admitted to the ALSA on 04/21/2022 with diagnoses of congestive heart failure, aortic stenosis, chronic kidney disease and cardiovascular accident. The Client's 120-day nursing assessment and service plan dated 09/07/2024, identified the Client required nursing assessments. Additionally, the Client required ALSA aide assistance for medication cueing, safety checks three times per day, dressing, applying compression socks on and off, showering, grooming, toileting, ambulating short distances with a walker and wheelchair mobility.

      Review of the ALSA's incident report dated 12/27/2024, identified on 12/27/2024 at 05:50 AM ALSA aide #1 notified the on call Registered Nurse (RN) #1 that Client #1 had slid to the floor during personal care, landed on his/her buttocks and 911 was called to lift the Client off the floor. ALSA aide #1 and Emergency Medical personnel indicated the Client's responsible person had declined a hospital evaluation.

      Review of ALSA aide #1's written statement dated 12/27/2024, identified ALSA aide #1 entered Client #1's apartment at 05:40 AM and observed him/her in bed. ALSA aide #1 proceeded to apply the Client's compression stockings, move the Client's legs off the bed and positioned a walker in front of him/her for support. The Client attempted to stand up from the bed without using the walker and fell to the floor. During the fall, the Client's left foot became trapped under an armchair that was next to the bed. ALSA aide #1 attempted to assist the Client up from the floor but was unable. Client #1 remained seated on the floor while ALSA aide #1 called 911 and the on call Registered Nurse (RN) #1. Emergency Medical personnel arrived and moved the Client from the floor to the armchair. Client #1's responsible person was notified by ALSA aide #1 and Emergency Medical personal that the Client fell to the floor onto his/her buttocks and had no visible injuries. The Client's responsible person declined a hospital evaluation.

      Review of a nursing note dated 12/27/2024, identified RN #1 was notified by ASLA staff on 12/27/2024 around 10:30 AM that Client #1's left leg was swollen with large amounts of bruising below the ~~knee~~, and he/she was complaining of severe pain. RN #1 administered Acetaminophen to the Client for pain and notified Advanced Practice Registered Nurse (APRN) #1. APRN #1 assessed Client #1 and had the Client transferred to the hospital via ambulance at 11:00 AM. At 1:15 PM, the Client's responsible person notified the ALSA that Client #1 had tibia and fibula fractures of the left leg.

Interview with Client #1's responsible person on 01/15/2025 at 08:30 AM, identified receiving a call from ALSA aide #1 the morning of 12/17/2025 around 06:00 AM and that ALSA aide #1 indicated the Client fell "softly" to the floor onto his/her buttocks. Additionally, Emergency Medical personnel indicated the Client did not have injuries but recommended a hospital evaluation. Client #1's responsible person identified he/she declined the hospital evaluation based on the information provided by ALSA aide #1 and Emergency Medical personnel.

Interview and review of Client #1's clinical documentation with the Supervisor of Assisted Living Services Agency (ALSA) on 1/15/2025 at 1:00 PM, failed to indicate ALSA nursing personnel identified Client #1's significant change in condition timely resulting in a delay in care.

Plan of Correction for Violation #1:

Accepted
2/10/25
Etowah RN SNC

Issue Cited:

"Failure to Identify a Significant Change in Condition Timely"

Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance.

1.) The measures that Arbor Rose intends to implement or systemic changes that Arbor Rose intends to make to prevent a recurrence of the identified issue of non-compliance is as follows:

Arbor Rose reviewed the Fall protocol and made necessary adjustments to the policy to ensure timely assessments by the nurse after a fall is implemented. Training will be provided to all licensed staff and ALSA aides and completed by March 1, 2025

Re-education of incident reporting to be completed by March 1, 2025 of all licensed nurses and ALSA CNA's with 100% compliance of staff by the Supervisor of Assisted Living addressing the circumstances that require reporting for timely investigation and their responsibilities related to investigations.

2.) The date that the corrective measure or change by Arbor Rose is effective is 2/10/2025

3.) Arbor Rose's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure of systemic changes is sustained:

The Supervisor of Assisted Living or designee will conduct a weekly audit of all falls for four (4) consecutive weeks. These audits will review the use of the implemented fall protocols and assessments. Residents will be assessed and interviewed to ensure that any/all injuries are identified, properly investigated, and reported to the appropriate people timely.

4.) This plan of correction will be monitored by the Executive Director weekly and at the quarterly Quality Assurance meeting until such time consistent substantial compliance has been met.