STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality And Safety Branch

April 10, 2025

Mary Ellen Frango, Executive Director
The Greens At Greenwich
1155 King Street
Greenwich, CT 06831
Via Email: MaryEllen@thegreensatgreenwich.com

Dear Ms. Frango:

An unannounced visit was made to The Greens At Greenwich on April 2, 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 are the violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which were noted during the course of the visits. The state violations cannot be edited by the provider in any way.

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

The plan of correction is to be submitted to the Department by April 20, 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.

CONNECTICUT
Public Health

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Hartford, Connecticut 06134-0308
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Affirmative Action/Equal Opportunity Employer

DATE OF VISIT: April 2, 2025

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

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 April 20, 2025, or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

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

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Please return your original violation letter, along with your Plan of Correction and response, to Elizabeth Heiney at elizabeth.heiney@ct.gov. Should you have any questions, please reach out to Elizabeth Heiney via email at elizabeth.heiney.ct.gov, or call (860) 509-8059.

Respectfully,

/s/

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

EH:csf

c. VL
Complaint #43550

DATE OF VISIT: April 2, 2025

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (e) General requirements for an assisted living services agency (1).

1. Based on review of agency documentation and an interview with agency personnel, the agency failed to employ a part-time Infection Preventionist in accordance with the Connecticut General Statute 19a-563 (b) (Substitute House Bill No. 5500 Public Act No. 22-58). The findings included:
   a. Interview and review of agency documentation with the Executive Director on 04/02/2025 at 12:30 PM, identified the secure memory care agency had a current census of twenty-eight (28) but failed to identify the agency employed a part-time infection prevention and control specialist. Connecticut general Statute 19a-563 (b) (Public act No 22-58) indicated a dementia special care unit with more than sixty residents would employ a full-time infection prevention and control specialist and a dementia special care unit with sixty clients or less would employ a part-time infection prevention and control specialist.

Plan of Correction for Violation #1:

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 Assisted living services agency (g) Supervisor of assisted living services (2) (B) and/or (h) Nursing services provided by an assisted living services agency (1).

2. Based on clinical record reviews and interviews with agency personnel. The agency failed to supervise assigned nursing personnel in the delivery of nursing services. The findings include:
   a. Review of the agency's change of shift, controlled medication count sheet for January 2025, identified the agency's nurses failed to count controlled medications for 01/01/2025, 01/02/2025, 01/03/2025, 01/04/2025, 01/05/2025, 01/06/2025, 01/07/2025, 01/08/2025, 01/09/2025, 01/16/2025, 01/17/2025, 01/18/2025, 01/19/2025, 01/20/2025, 01/21/2025, 01/23/2025, 01/24/2025, 01/25/2025, 01/26/2025, 01/27/2025 and 01/28/2025.

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

b. Review of the agency's change of shift, controlled medication count sheet for February 2025, identified the agency's nurses failed to count controlled medications for 02/01/2025, 02/02/2025, 02/03/2025, 02/04/2025, 02/06/2025, 02/07/2025, 02/08/2025, 02/09/2025, 02/10/2025, 02/11/2025, 02/12/2025, 02/13/2025, 02/14/2025, 02/15/2025, 02/16/2025, 02/17/2025, 02/26/2025, 02/27/2025 and 02/28/2025.

Interview and review of the agency's change of shift, controlled medication count sheets with the Executive Director on 04/02/2025 at 12:35 PM, failed to identify weekly Registered Nurse (RN) audits of the change of shift, controlled medication sheets were conducted and failed to identify controlled medications were consistently counted after each shift by two licensed personnel since January 2025 in accordance with the agency's expectations.

Plan of Correction for Violation #2:

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (g) Supervisor of assisted living services (2)(A)(B)(C) and/or (i) Assisted living aide services provided by an assisted living services agency (5)(B) and/or (k) Client service record (H)(vii).

3. Based on review of clinical records and agency documentation. The agency failed to conduct supervisions of the ALSA aides to ensure ongoing competence in accordance with state regulations. The findings included:
   a. Interview and review the agency's documentation with the Executive Director on 04/02/2025 at 12:40 PM, the agency failed to conduct supervisions of the ALSA aides to ensure ongoing competence to clients' individual service plans.

Plan of Correction for Violation #3:

Accepted 4/21/25 ET (Hillary) SWL

The Greens at Greenwich
Plan of Correction-Connecticut State Agencies/or General Statutes of CT
State Investigation completed on April 2, 2025

April 17, 2025

Alleged violation #1-Section 19-13-D105 (e) General requirements for an assisted living services agency (1).

The filing of this Plan of Correction does not constitute an admission in any form by The Greens at Greenwich, or its officers, directors, employees or contractors, as to the Department's findings or as to the specific violations alleged. The Greens at Greenwich files these Plans of Correction in the spirit of maintaining optimal resident care.

1. Sarah Badio, LPN will be designated as the part-time Infection Control Nurse upon completion of certification.
2. This Corrective measure will be effectuated by April 23, 2025
3. The Salsa will be responsible for monitoring this individual plan of care.

Alleged violation # 2-Section D19-13-D105 Assisted living services agency (g) Supervisor of assisted living services (2) (B) and/or (h) Nursing services provided by an assisted living services agency (1).

The filing of this Plan of Correction does not constitute an admission in any form by The Greens At Greenwich, or its officers, directors, employees or contractors, as to the Department's findings or as to the specific violations alleged. The Greens At Greenwich files these Plans of Correction in the spirit of maintaining optimal resident care.

1. All licensed nursing staff will be in-serviced on the Narcotic Policy and will demonstrate proficiency in the policy by performing narcotic counts each shift.
2. The SALSA will perform twice a week audits to ensure the Narcotic count is completed every shift.
3. This corrective measure will be effectuated by April 20, 2025.
4. The SALSA will be responsible for monitoring this individual plan of care.

The Greens At Greenwich
Plan of Correction-Connecticut State Agencies/or General Statutes of CT
State Investigation completed on April 2, 2025

April 17, 2025

Alleged violation #3- Section 19-13-D105 (g) Supervisor of assisted living services (2)(A)(C) and/or Assisted living aide services provided by an assisted living services agency (5)(B) and/or (k) Client service record (H)(vii).

The filing of this Plan of Correction does not constitute an admission in any form by The Greens at Greenwich, or its officers, directors, employees or contractors, as to the Department's findings or as to the specific violations alleged. The Greens At Greenwich files these Plans of Correction in the spirit of maintaining optimal resident care.

1. Supervision and orientation to the resident's service plan will be reviewed with the aides upon each admission, resident's change of condition and re-admission of the resident this documentation will be provided in the resident's chart.
2. This corrective measure will be effectuated by April 23, 2025.
3. The SALSA will be responsible for monitoring this individual plan of care.

Submitted,
Mary Vallas, RN
Interim RN Designee The Greens At Greenwich

The Greens At Greenwich

Policy: Inventory of Controlled Medications

Procedure:

1. The Greens at Greenwich should maintain individual controlled medication records on all Schedule 11-V medications and any drug with a potential abuse or diversion in the form of declining using the "Controlled Inventory Record".
   A. The "Controlled Inventory Record" should contain:
      1. Name
      2. Prescriber Name
      3. Prescription Number
      4. Drug name, strength, dosage form, and dosage
      5. Total quantity received by the facility
      6. Date of time and administration
      7. Perpetual count after each dose
      8. Signature of person observing, assisting with administration of the drug

2. The facility's nursing staff may not enter more than one prescription for a control on each page of the "Controlled Substance Inventory Record".
3. The facility should ensure that the licensed nurse or authorized nursing staff member count all controlled substances at each shift and document their signatures on the Controlled Medication Count Sheet.
4. The SALSA shall perform audits twice a week to ensure Narcotic Counts are performed every shift.
5. The Facility should regularly:

A. Hold unused/ discontinued controlled medication locked in an area away from current medications until a family member takes responsibility for them or they are destroyed by two licensed nurses both with proper documentation.

4/17/25

THE GREENS AT GREENWICH

CNA ORIENTATION RECORD

CLIENT'S NAME: _____ **APT#:** _____

DATE	CNA'S SIGNATURE	SPECIAL COMMENTS	NURSE'S SIGNATURE