STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

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Governor
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Lt. Governor

Healthcare Quality and Safety Branch

Accred
4/22/25
Ethan SNC

June 3, 2024

Shanique Mightly, Executive Director
Bal Rocky Hill
1160 Elm Street
Rocky Hill, CT 06067
Via Email: smightly@benchmarkqualty.com and arhsalsa@benchmarkquality.com

Dear Ms. Knightly:

An unannounced visit was made to Bal Rocky Hill on April 30, 2024 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 June 13, 2024.

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 June 13, 2024, 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 the original 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 #38592

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (e) General Requirements for an assisted living service agency (1) and/or (g) supervisor of assisted living services (2)(A) and (D) and/or (m) Client Bill of Rights (5).

1. Based on clinical record review, interviews with agency personnel, review of agency documentation, and review of the agency policies, for 1 of 3 clients (Client #1), the Assisted Living Services Agency (ALSA) failed to ensure Client Service Plan updates and implementation of a fall prevention plan for the assurance of client safety and failed to ensure supervisory oversight in the management of a client with multiple falls. The findings include:
   a. Client #1 had a move in date to the memory care assisted living community on 2/20/23, with admitting diagnoses that include, acute embolism and deep vein thrombosis of the lower extremity, dementia, and syncope with collapse. The client's service program dated 1/31/24 indicated Client #1 was a high fall risk, and received assistance with bathing, dressing, grooming, assist of 1 for ambulation (when needed), 12 hour a day Private Duty Aide, safety monitoring, bleeding precaution monitoring, and nursing administration of routine medications including Xarelto 10 mg daily at bedtime (a medication used for the prevention of blood clots).

      Review of agency documentation identified Client #1 sustained a fall on 11/8/24 and was found on the floor of another resident's apartment by a staff aide. Client #1 was transported for medical evaluation for a head injury. Review of the agency documentation failed to identify the completion of post fall interventions to Client #1's Service Plan, and failed to identify the physician was notified of the client's fall, and failed to identify an agency Fall Evaluation form was completed per the agency policy on Fall Evaluation and Intervention.

      Review of agency documentation identified Client #1 sustained a fall on 12/3/23 and was found on the floor, outside of his/her apartment with no injuries. Review of the agency documentation failed to identify updates for fall prevention interventions to the client's service plan.

      Review of agency documentation identified Client #1 sustained 2 falls on 12/9/23. Client #1 was found on his/her bedroom floor with a dresser laying on top of him/her at 3:00am by an agency staff member. Client was sent to the emergency department for an evaluation of a head injury, with laceration. The agency failed to identify service plan updates for fall prevention interventions to the client's service plan, and failed to identify the physician was notified of the client's fall.

      Client #1 sustained a second fall on 12/9/24 at 10:58pm. Client #1 was found uninjured sitting on the bathroom floor of his/her apartment. Client's service plan was updated, noting illumination of a bathroom light in the overnight hours for safety reasons. Review of the agency documentation failed to identify physician notification was made regarding the client's fall.

Review of agency documentation identified Client #1 sustained a fall on 12/19/23. Agency documentation identified client was observed by an aide staff member during safety checks at 7:20am, sitting on the apartment floor. Client Safety checks were added and implemented to the client Service Plan, and to the Aide Care logs.

Review of agency documentation identified Client #1 sustained a fall on 1/5/24, at 5:30am. Client #1 was found sitting on the apartment floor, with a bruise under the left eye. Client #1 was transported to a medical facility for evaluation. The agency identified an update to the client's service plan for increased safety checks per shift, and safety monitoring. Physician and POA notified of fall.

Review of agency documentation identified Client #1 sustained a fall on 2/4/24. While client was backing up to sit in chair, he/she misjudged the distance of the chair, resulting in the client sliding down the front of the recliner to the floor, no injuries were sustained by client. Review of the client's service plan identified a Private Duty Aide (PDA) was hired 12 hours daily 8a-8p for safety monitoring. Physician and POA Notified of fall.

Review of agency documentation identified Client #1 sustained a fall on 3/17/24. At 12:14am client was found sleeping on the floor in his/her apartment by an aide staff member, complaining of neck pain and was holding the back of the neck. Client was transferred to the hospital for a medical evaluation, and client's physician and POA were notified. The agency failed to identify an update or change to the client's service plan as a result of a fall resulting in a serious injury, and failed to identify an agency Fall Evaluation form was completed per the agency policy on Fall Evaluation and Intervention.

Subsequent to client's discharge from the medical facility, on 3/24/24, Ct scan results showed a subdural collection in the brain, with no active bleed noted.

Review of agency documentation identified Client #1 sustained a fall on 3/20/24. On 3/20/24 client was attempting to toilet and sat on toilet seat, which resulted in toilet seat breaking and client falling back against the toilet, resulting in bruising to his/her back, neck and rear of lower legs. Review of the agency documentation failed to identify the completion of post fall intervention/updates to Client #1's Service Plan and failed to identify an agency Fall Evaluation form was completed per the agency policy on Fall Evaluation and Intervention.

Review of agency documentation identified Client #1 sustained a fall on 4/20/24. On 4/20/24 the PDA was attempting to reach for client's items, and turned his back to the client, resulting in client falling backwards striking the back of his/her head on the clothes dresser. A laceration to the back of head was noted, bleeding was controlled, and the client was transferred to a medical facility for evaluation. The client's physician and POA were notified of the fall.

On 4/21/24 at 11:10am the agency nurse was notified by the medical facility that Client #1 was diagnosed with a small brain bleed, as a result of the fall. Client was to remain in the medical facility, until arrangements for a discharge to a long-term care facility was arranged.

Review of the clinical record and interview with the RN Designee on 4/30/23 at 1:30pm, identified Client #1 had ten (10) reported falls between the period of 11/8/23 through 4/20/24. The RN Designee identified although assessments were completed, and the service plans developed and updated. The plans were not specifically based on the fall evaluation results, in accordance with the agency policy.

Review of the Fall Evaluation and Interventions policy, identified in the event of a fall and after any necessary medical attention has been provided, a fall evaluation shall be completed. An action plan with specific interventions appropriate to the evaluated level of risk, shall be developed by the Resident Care director/Designated Nurse and included in the service plan.-

Plan of Correction for Violation #1:

Accepted 4/22/25 CTdocuSign

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH PLAN OF CORRECTION
THE ATRIUM AT ROCKY HILL
VISIT CONCLUDED: APRIL 30TH, 2024

Regulation/Finding	***Corrective Action Plan***	***Compliance Date***	***Person(s) Responsible***
Alleged violation 1: Section 19-13-D105 (e) General Requirements for an assisted living service agency (1) and/or (g) supervisor of assisted living services (2)(A) and (D) and/or (m) Client Bill of Rights (5). • The agency failed to ensure Client Service Plan updates and implementation of a fall prevention plan for the assurance of client safety and failed to ensure supervisory oversight in the management of a client with multiple falls. • Review of the agency documentation failed to identify the completion of post fall interventions to Client #1's Service Plan, and failed to identify the physician was notified of the client's fall, and failed to identify an agency Fall Evaluation form was completed per the agency policy on Fall Evaluation and Intervention.	**Please note that the filing of this plan does not constitute any admission as to the alleged deficiencies set forth in the violation letter. This plan of correction is being filed as required by applicable law and as evidence of the community's commitment to quality care.** The community will take the following measures to prevent the recurrence of the alleged violation: a. Client # 1 no longer resides in community. b. Associates to be re-educated on policy F-100-08 Fall evaluations and interventions with emphasis on completing a fall evaluation after a fall including identifying an intervention to be updated on the client service plan. c. Associates to be re-educated on policy ADM-100-03 Reporting and investigating resident and visitor incidents with emphasis on notification to physician. d. Community to audit incident reports for notification to physician and post fall evaluations. e. Community to audit client service plans for post fall interventions. Community will audit incident reports, fall evaluations and client service plans to include interventions weekly x4 weeks, 25% monthly for 2 months or until compliance is reached. All findings will be brought to QA committee for the next 6 months or until deemed necessary by committee.	a. 5/7/24 b. 5/9/25 c. 5/9/25	RCD/RND

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THE ATRIUM AT ROCKY HILL
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