STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

February 27, 2025

Accepted
5/8/25 -
CTHealthy

Dawn Amorosa, Administrator
The Residence At Summer Street
14 Second Street
Stamford, CT 06905
Via E-mail: damorosa@residencesummerstreet.com

Dear Ms. Amorosa:

An unannounced visit was made to The Residence At Summer Street on February 19, 2025 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting multiple investigations.

Attached is a 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 March 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 violation and you may be provided with the opportunity to be heard. If the violation is not responded to by March 9, 2025 or if a request for a meeting is not made by the stipulated date, the violation 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 #'s 42798, 43002

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 Assisted Living Services Agency (e) General requirements for an assisted living services agency (1) and/or (g) Supervisor of assisted living services (2)(A) and/or (B) and/or (i) Assisted living aide services (1).

1. Based on clinical record review, agency documentation, interviews with agency personnel and review of agency policies for one of three client's (Client #2) who required Assisted Living Services Agency (ALSA) services, the agency staff failed to report a client's fall and failed to follow agency policies. The findings include:
    a. Client #2 was admitted to the memory care ALSA program on 8/19/21. The admitting diagnoses included cognitive impairment, macular degeneration, ataxia and dementia. The client service plan dated 11/18/24 identified the need for assistance with bathing, dressing, grooming, toileting, transfers, medication management and was at risk for falls.

        Review of LPN #1's nursing note dated 1/29/25, during the 7-3 shift, identified that ALSA aide #2 called LPN #1 to the client's apartment and reported swelling and bruising to the client's face. The SALSA was immediately notified, and an investigation was initiated.

        The client was sent to the Emergency Department and returned with a nasal fracture.

        Review of agency documentation by the SALSA on 1/29/25 at 4:13 PM, identified ALSA aide #1 observed the client face down on the floor next to the bed at 6 AM. Upon interview, s/he indicated that there were no injuries, so s/he assisted the client back to bed and did not report the fall to the nurse on duty.

        Interview and review of the agency documentation/investigation with the SALSA on 2/19/25 at 9:30 AM identified that the ALSA aide #1 failed to notify the nurse of the client's fall and failed follow agency policies for reporting a fall.

        ALSA aide #1 was terminated on 1/31/25 for failing to report the incident to the nursing staff.

        Review of the agency policy for Falls directed for actual witnessed or unwitnessed falls, the client is to remain in place and should not be moved. Any client who has witnessed a head incident and there are no apparent signs of injury, and the onsite nurse is able to evaluate and is able to discuss the case with the responsible party, then Emergency services are not required.

        Review of agency Reflections Resident Care Associate job description directed the associate monitors for changes in client needs, preferences and health status. Reports/documents any noticed changes at once to the Registered Nurse or designee and

documents both scheduled and unscheduled service that are provided, including incidents, behaviors, and out of the ordinary events, including a client's refusal of services.

Plan of Correction to Violation #1:

43002

March 6, 2025

Accepted
5/8/25
E T Heiney

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

Dear Ms. Heiney,

The following plan of correction is submitted on behalf of the Residence at Summer Street in response to an unannounced visit by your department representative on February 19, 2025, for the purpose of conducting a licensing renewal inspection, and complaint investigation. The plan of correction is set forth not as an admission of any wrongdoing, but rather as an opportunity to comply with the alleged violation.

The Residence at Summer Street
Plan of Correction
March 5, 2025

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (e)
general requirements for an assisted living services agency and/or (g) Supervisor of assisted living
services (2)(A)(B) and/or (h) Nursing Services provided by an assisted living service agency (3)(D) and/or (k) Client service record (1) and/or (m) Client's bill of rights and responsibilities (9).

1. Based on review of clinical records, agency documentation, interviews with agency policies for one of three clients (Client #2) in the survey sample who required Assisted Living Services Agency (ALSA) services, the agency failed to follow the Incident Reporting and Recording policy.

The measure that the institution intends to implement or systemic changes that the institution intends to make to prevent a recurrence of each identified issues of noncompliance.

All associates will receive reeducation regarding the Incident Reporting and Recording policy by 3/12/25. Those associates that are on PTO, LOA or Per Diem status will receive education prior to returning duty.

The Title of the institution's staff member responsible for ensuring its institution's compliance with the plan of correction

SALSA/Designee

Executive Director/Designee

The date for each such measure or change by the institution is effective.

Education will be completed by 3/12/25.

The institution's plan to monitor its quality assessment and performance improvement function to ensure the corrective measure or systemic measure or systemic change is sustained.

Progress notes, incident reports and Carestream daily log will be audited on a random basis to include 10% of census for a period of 90 days to ensure compliance post education. Audit results will be documented and retained.

Regular, in-person, meetings with front line associates will be held to review resident concerns and care needs. Written minutes will be retained.

Respectfully Submitted,

Dawn Amorosa

Executive Director

March 11,2025

Reporting Guidelines Inservice

1) ALL staff must report any change of conditions of all residents including the following:
   A) Falls, Residents observed on the floor, skin issues, such as skin tears, bruises or any other unusual issues noted.
   B) Any changes in mental status such as increased sleeping, lethargy, etc.
   C) Any changes in speech, gait or performing usual ADL changes.

2) ALL staff must report to charge nurse, RN Designee or Resident Service Director immediately.

Inservice given by Linda Burney RN

Resident Service Director

THE RESIDENCE at Summer Street

In Service Mandatory Reporting Date 3/11/25

Name PLEASE PRINT	Sign
Anastasija	
Nicole Palmer	N Palmer
Aysha SULTANA	Aysha Sultana
Mamevin Lhzard	
Meeting: Host	

LCB SENIOR LIVING

Independent & Assisted Living, Reflections Memory Care

TOPIC: Reporting Guidelines

DATE OF LEARNING: March 14, 2025

LEARNING PROVIDED BY: L Burney Rn

TIME STARTED: 2PM **TIME ENDED:** 3:15 pm

ASSOCIATE	INITIALS
Katherine Charlot	KC
Nadia Joseph	NJ
Theresa Benny	TB
Jn Wilfhane Bayard	JB
Jovely Constave	JC
Monique Phylien	MP
Milta Quenitta	MQ
Job Charles	JC
Anne Marie Jean B	AJB
Maxie Vasciola Vernet	MV
Anthony Spencer	AS
Malita Menard	MM
Yael JULES	
ROSELINE JOSEPH	RJ

RESIDENT NAME: Reporting guidelines

DATE OF ADMISSION TO ALSA: _____

NURSE SIGNATURES: LBuffon – Topic Reporting Expectations

ORIENTATION PROVIDED BY: L Burney RN

RSA'S NAME	INITIALS
Wolfgang Nunez	W.N.
Kelvin Bacon	K.B.
Milton Grate 7	M.G
Oksana Vasylyk	O.V
Lourdes Aguirre	L.A
Randy McRae	R.A -

LCB SENIOR LIVING

Independent & Assisted Living, Reflections Memory Care

TOPIC: Reporting Guidelines Inservice

DATE OF LEARNING: 3-11-25

LEARNING PROVIDED BY: Ruda Barry

TIME STARTED: _____ **TIME ENDED:** _____

ASSOCIATE	INITIALS
Milton Gonzalez	MG
Kelvin Barrios	KB
Oksana Vasylyk	OV
Candy McRae	TM
Lourdes Aguirre	L. A
Donna DeSantis	DD
Haider Ali	HA

LCB SENIOR LIVING

Independent & Assisted Living, Reflections Memory Care

TOPIC: Reporting Guidelines

DATE OF LEARNING: _____

LEARNING PROVIDED BY: Linda Burney RN, MSN

TIME STARTED: _____ **TIME ENDED:** _____

ASSOCIATE	INITIALS
TAMEKA CROOKS	TC

3/11/25

Denise -
Mathurine Charlot →
Stephanie Jones
Roseline Joseph
marilyn Rivera
Rose marie Pedimo
Thelia Jean
MARIELLE CLAIRVIL
Monique Phycien
Marc Edoie
Matthane Bayard
Lovely Cantave
Job charles
Michelle Grey
Mercy Metius

Abruzz

Attn: Elizabeth Heiney

10 pages

From Agnes
the Residence at
Summit Street