STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

July 30, 2025

Accepted
8/8/25
eHealth SNC

Shanique Mightly, Executive Director
The Atrium at Rocky Hill
1160 Elm Street
Rocky Hill, CT 06067
Via Email: smightly@benchmarkquality.com

Dear Ms. Mightly:

An unannounced visit was made to The Atrium at Rocky Hill on June 25, 2025 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation.

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 August 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 are not responded to by August 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 #44915

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (d)(1) and/or (4)(A) Governing authority of an assisted living service agency and/or (e)(1) General Requirement of assisted living service agency and/or (g)(2)(A) and/or (B) Supervisor of assisted living services and/or (j)(8)(A) and/or (B) Assisted living services agency staffing requirements and/or (I)(5) and/or (A) Supervision of Assisted Living Aides.

1. Based on review of the agency nursing schedules and agency records, interviews with agency personnel, and review of agency policy, the agency failed to schedule a Registered Nurse for the after hours on-call supervision of the agency for thirty-eight (38) 9:00pm through 7:00am shifts, during the months of March, April and May 2025 per their agency policy.
    a. Review of the on-call staffing schedule from 3/1/25 through 5/31/25 identified that a Licensed Practical Nurse (LPN #1) was scheduled and worked as the on-call nurse from 9:00pm through 7:00am during the months of March, April, and May 2025. The review of the schedules further identified that LPN #1 was scheduled and worked 18 shifts in March 2025, 8 shifts in April 2025, and 12 shifts in May 2025.

       Interview with LPN #1 on 6/25/25 at 10:55am indicated that she/he was asked to help cover on-call coverage for ALSA #2 during the transition of the new SALSA. LPN #1 identified the agency had no RN Designee (a registered nurse (RN)) for the building or a Supervisor of Assisted Living Service Agency (SALSA) currently, as the SALSA was terminated, and the RN Designee position was vacant. LPN #1 identified the only RN working in the building was a part-time employee that was utilized to perform Admission Assessments of new clients for the agency. LPN identified that the Regional Clinical Director RN could be called if needed, for questions or concerns, but was not on the on-call schedule rotation. LPN #1 identified being assigned shifts as the on-call nurse and answered the calls from staff for any issues within the agency building but failed to identify he/she had the credential of Registered Nurse per the Regulations of Connecticut State Agencies, and the agency on-call policy.

       Interview and reviewed of the on-call staffing schedule for March, April and May 2025 with the Supervisor of Assisted Living (SALSA), the RN Designee, and the Memory Care Director on 6/25/25 at 9:30am identified that LPN #1 was scheduled for the on-call 9:00pm through 7:00am shift in the months of March through May 2025, due to the resignation of the former SALSA, the termination of the recently hired SALSA, and a vacancy in the RN designee position at the time. Review of the schedules with the SALSA and RN Designee identified that LPN #1 was scheduled 18 shifts in March, 8 shifts in April, and 12 shifts in May 2025., but failed to identify the agency scheduled a Registered Nurse for on-call supervision from 9pm through 7am, per the agency on-call policy, and Regulations of Connecticut state agencies.

       Review of the agency policy on On-Call- Resident Care, identified that each of the Benchmark communities shall identify a nurse per State regulations to act as a resource for associates during nonstandard business hours. The nurse shall be "on call" in order to triage questions and/or situations regarding resident care that may warrant emergent responses.

"On Call" is defined as being readily available at any given time.

Plan of Correction to Violation #1:

Accepted 8/18/25 CT Healthy SWC

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH PLAN OF CORRECTION
ATRIUM AT ROCKY HILL
VISIT CONCLUDED ON 6/25/25

Regulation/Finding	***Corrective Action Plan***	***Compliance Date***	***Person(s) Responsible***
Alleged violation 1: Section 19-13-D105 (d)(1) and/or (4)(A) Governing authority of an assisted living service agency and/or (e)(1) General Requirement of assisted living service agency and/or (g)(2)(A) and/or (B) Supervisor of assisted living services and/or (j)(8)(A) and/or (B) Assisted living services agency staffing requirements and/or (l)(5) and/or (A) Supervision of Assisted Living Aides. • The agency failed to schedule a Registered Nurse for the after-hours on-call supervision of the agency for thirty-eight (38) 9:00pm through 7:00am shifts, during the months of March, April and May 2025 per their agency policy.	**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. Re-educated Registered Nurse's on policy F-100-67 Resident Care On-call by Regional Director of Resident Care/Resident Care Specialist. b. On call schedule reflects Registered Nurses on call every day with their name and credentials assigned to each calendar day. Community will audit the on-call schedule monthly for 4 months to ensure an RN is scheduled for on call every night. All findings will be brought to QA committee for the next 6 months or until deemed necessary by the committee.	a. 8/15/25 b.6/26/25	RCD/Designee