Provider Visit Log – Exhibit 1

Resident Name/Apt #	Issue/concern	MD recommendation	Family notification

Accepted
12/28/25
CTutwiler SNC

POC Violation #1

On 10/21/2025 RN re-educated current licensed staff on notification in change of condition / notification policy and were educated to update the residents POA/HCP when any medication orders are received from the in-house providers including but not limited to APRN (PCP) and Psychiatrist.

On 10/21/2025 RN instructed current staff that when a provider is in the building, they are to provide the physician with a list of residents she is scheduled to see, when provider completes visits, the list is returned to the licensed nurse with any recommendations/orders. The licensed nurse is to update each family on the list and initial next to the resident's name once complete. RN designee and/or SALSA will review list to ensure proper notifications are completed and documented. See attached provider visit log in exhibit 1.

Effective 11/25/2025, RCD will review residents with condition changes / returning from hospitalization weekly x12 weeks to ensure proper assessment was completed and notification took place. Results will be discussed during the monthly QI meeting. Audits will cease at the end of the 12-week period provided there are at least 3 consecutive compliant audits achieved.

RCD and/or RN designee will be responsible for ensuring compliance with the POC.

Review of Client #1 hospital discharge summary dated 09/17/2025 to 09/24/2025, identified the Client was diagnosed with pneumonia and prescribed Seroquel 25 mg (take one-half tablet twice per day) and may take an additional half tablet as needed for agitation.

Review of a nursing note dated 09/24/2025, identified Client #1 returned to the ALSA on 09/24/2025 and was prescribed an oral antibiotic and had a change in his/her Seroquel dose.

i. Interview with Physician #1 on 10/21/2025 at 1:28 PM, failed to identify Client #1's responsible caregiver was informed the Client was prescribed Seroquel 12.5 mg on 09/05/2025.

ii. Interview with the Supervisor of Assisted Living Services Agency (SALSA) on 10/21/2025 at 1:50 PM, failed to identify Client #1's responsible caregiver was notified by the ALSA that the Client was prescribed a new medication (Seroquel) on 09/05/2025. Additionally, the SALSA failed to identify if the Client had a Registered Nurse (RN) assessment after returning to the agency on 09/24/2025 following a hospitalization for pneumonia and a change in medication (Seroquel) dosing.

Review of the agency's Change in Condition policy, identified regardless of the client's current mental or physical condition, the Client Care Director, Program Director or another administrative designee would inform the client of any changes in his/her medical care or treatments. If the Client does not possess mental capacity, the client's responsible party, Durable Power of Attorney, and/or guardian would be informed of such changes. Additionally following a change in the client's condition, the nurse supervisor/charge nurse would record in the client's medical record information relative to changes. If a significant change in the resident's physical or mental condition occurs, and is expected to last longer than fourteen days, a reassessment/re-evaluation of the resident must take place. The resident's service/care plan is also to be updated to illustrate new or changed interventions.

Plan of Correction for Violation #1:

AWA West Hartford.

Nicae Sheehey RN, SALSA.

12-2-25

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 (h) Nursing Services provided by an assisted living services agency (3) (C) (D).**

1. Based on review of clinical records, review of agency documentation, interviews with agency personnel and review of an agency policy for one of two clients (Client #1) in the survey sample who were serviced by the Assisted Living Services Agency (ALSA), the agency failed ensure care coordination with the Client's physician, failed to ensure timely a intervention and treatment of the Client. The findings include:

a. Client #1's responsible caregiver signed a consent dated 03/28/2025 for the Client to receive treatment from the ALSA's Advanced Practice Registered Nurse (APRN) and Psychiatrist.

The Client was admitted to the Assisted Living Services Agency (ALSA) on 03/31/2025 with diagnoses of dementia and hyperlipidemia. The Client's 120-day assessment and service plan dated 09/11/2025, identified the Client required nursing assessments, had mild to moderate cognitive decline, was not resistant to care, did not have anxiety, hallucinations or delusions and was not an elopement risk.

Additionally, the Client required ALSA aide assistance with medication cues, bathing, dressing, grooming, incontinence care, light housekeeping and was independent with ambulation.

Review of a physician's order dated 09/05/2025, identified Client #1 was prescribed Seroquel (an anti-psychotic medication) 12.5 milligrams (mg) by mouth at bedtime by Physician #1.

Review of Client #1's physician's orders for September 2025 and nursing notes dated 09/05/2025, 09/08/2025 and 09/13/2025, failed to identify the ALSA informed the Client's responsible caregiver/ healthcare proxy (a legal document that appoints a trusted person to make medical decisions on a client's behalf) that the Client was prescribed Seroquel.

Review of nursing note dated 09/17/2025, identified Client #1's responsible caregiver transported the Client to the hospital due to the Client having an unwitnessed fall during the overnight shift on 09/16/2025.

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 December 4, 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 the Supervising Nurse Consultant via email at Elizabeth.Heiney@ct.gov or right fax number 860-622-2655. Please direct your questions concerning the instructions contained in this letter to the Supervising Nurse Consultant at (860) 509-7400. Please do not send another copy via US mail.

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

Respectfully,

Elizabeth T. Heiney BS RN BC

Elizabeth T. Heiney, B.S., R.N., B.C.
Supervising Nurse Consultant
Facility Licensing & Investigations Section

ETH:brc

c. VL
Complaint #45498

Nicole Sheehey RN, SALSA
AVIVA West Hartford.
12/2/25

CONNECTICUT Department of Public Health

HEALTHCARE QUALITY AND SAFETY BRANCH

Accepted
12/17/2025
CT Staffing SWC

November 24, 2025

Nicole Sheehey, Administrator
Aviva West Hartford
1 Hamilton Heights Dr
West Hartford, CT 06119
Via Email: Nsheehey@avivaseniorliving.com

Dear Ms. Sheehey:

An unannounced visit was made to Aviva West Hartford on October 21, 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 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 December 4, 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.

CONNECTICUT
Public Health

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