CONNECTICUT

Department of Public Health

HEALTHCARE QUALITY AND SAFETY BRANCH

Accepted
4/9/26
CTHenry SNC

March 31, 2026

Dena Davis, RN, Administrator
Benchmark At Newtown
2 Boulevard
Newtown, CT 06470-1602

Via email: dhennessy@benchmarkquality.com

Dear Ms Davis :

An unannounced visit was made to Benchmark At Newtown on January 2, 2026 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation with additional information received through January 5, 2026.

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 April 10, 2026.**

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

Phone: (860) 509-7400 • Fax: (860) 509-7543
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

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 April 10, 2026 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 dph.flisadmin@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.

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.

Respectfully,

Elizabeth T. Heiney BS RN BC

Elizabeth T. Heiney
Supervising Nurse Consultant
Facility Licensing and Investigations Section

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Complaint #45814

**Benchmark at Newtown Assisted Living C/0 45814 EID 1/2/26**

**The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 Reportable event (g) 2) (B)(D) Supervision of ALSA Aides and Nurse supervisor(k) (2)(H)(ii) Client service record.**

Based on clinical record reviews, review of agency documents and interviews with agency personnel, for one of one clients (Client #1), who received total care assistance from staff for activities of daily living (ADL's), mobility, positioning, and medication management, the agency failed to provide supervision of the assigned assisted living aides in the delivery of nursing services and failed to ensure staffs' response to the request for assistance through the agency emergency call system., and failed to ensure an operable emergency call system for the safety and protection of the clients, and failed to . The findings include.

Client #1 had a move in date to the traditional assisted living community on 8/31/21, with the admitting diagnoses of hypertension, hypothyroidism, atrial fibrillation, and congestive heart failure. The client service plan dated 12/17/25 identified that Client #1 required total assistance with bathing, hygiene, dressing, all ADL's, with mobility, positioning, required medication management, and was chair and bed bound. Review of the plan of care indicated Client #1 was a fall risk, required education on oxygen use/safety, and emergency pendant provided and instructed on use.

Review of the nursing note dated 12/17/24 at 4:44pm identified that Client #1 returned to the traditional assisted living community following a recent hospitalization for end stage congestive heart failure with a pacemaker placement, and oxygen for difficulty shortness of breath. Client was admitted to hospice agency #1 on 12/17/25.

Review of the nursing note dated 12/18/25 at 7:32pm by LPN #1 indicated that Client #1's emergency call pendant was not working. The nursing staff initiated 1 hours checks on the patient while the emergency pendant system was not working.

Review of the All-Alarm Event Report on 1/2/26 at 10:30am from 12/18/25 through 12/24/25 identified ten (10) emergency alarm pendant activations with response clear times of greater than 20 minutes, and of those 10 alerts, three response times were greater than 40 minutes, including two (2) in excess of one hour.

Interview with Client #1 on 1/2/26 at 10:00am identified that the call pendant does not always work. Client #1 indicated waiting anywhere from 10 minutes to over an hour for a staff member to respond. Client #1 indicated he/she waited on 12/20/25 so long, he/she called 911 for help, as a result of having difficulty breathing, dizziness and needing to toilet. Client #1 indicated once having to wait an extended period of time for a staff member to reconnect her oxygen tubing, when a staff member forgot to plug it back into the system after toileting. Client further identified that waiting an extended period of time for staff assistance when you're chair bound or bed bound, seems like a very long time and you are helpless.

Interview with the Plant Operations Director on 1/2/26 at 10:35am indicated that there has been a problem with the emergency call pendants at the facility. The facility provided staff with beepers, but they were not working correctly. Staff were also provided with Ariel phones to assist in responding to the emergency call system alerts. The Plant Operations Director indicated that on February 18, 2026, a meeting was scheduled with the Ariel Call System representative to trouble shoot and reboot the emergency call system.

Interview and review of the investigation with the Regional Nurse Manager on 1/2/26 identified that on 12/20 25, the day shift nurse, LPN #1 received a call from the Emergency 911 center advising that Client #1 had called the emergency center and stated he/she was having difficulty breathing. Client further stated they had pressed the emergency call pendant multiple times, but no agency staff had responded. LPN #1 responded to Client #1's apartment, where they found Client #1 in bed requesting to get up. The Client advised that she/he had pressed the pendant, but no one responded, to assist him/her, so she called 911 for help. LPN #1 assisted Client #1 from bed to their recliner chair.

The Regional Nurse Manager failed to identify the agency staff timely response for the call for assistance from a client, and failed to identify the agency provision of a reliable and operable emergency call system for the notification to staff of the need for assistance by clients and failed to identify the agency's timely provision of an alternate system for staff notifications for client assistance when the primary system failed.

Review of the agency Emergency Response System policy in part identified, to provide timely assistance to residents in response to urgent or emergency needs. Each resident's service plan will contain information regarding safety checks and emergency response for individualized for the resident. The evaluation results will be used to develop a service plan addressing those needs and will be updated accordingly as each residents needs change.

**Plan of Correction to Violation #1:**

**State of Connecticut Department of Public Health Plan of Correction**
**Community**
**Benchmark Senior Living at Newtown**
**Date 4/2/26**

Accepted 4/9/26 CTHenry SNC

The filing of this Plan of Correction does not constitute any admission regarding the alleged violations. The plan of correction is filed in compliance with applicable law and is evidence of the agency's continued commitment to quality care

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| **Alleged Violation 1** | The following violation of the Regulations of Connecticut State Agencies Section 19-13-D105 Reportable event (g) 2) (B)(D) Supervision of ALSA aides and Nurse supervision (k) (2) (H) (ii)<br><br>. |
| **Measures implemented to prevent the Recurrence of the identified issue:** | Resident Care Staff re-inserviced on Policy RES 100-20- Emergency Response System<br>Licensed Nurses Re-educated on the supervisor's responsibilities per the regulations (g)(2) (B)(D)<br>The Emergency Response System has been upgraded and staff re-educated on the use of the system<br>The residents' service plans will include information regarding residents' individualized needs as it relates to safety and emergency response. |
| **Date Corrective Measures or change will be Effective** | 4/2/26 |
| **Communities Plan to monitor its quality assessment and performance improvement to ensure that the corrective measure or systemic change is sustained** | The emergency response system will be monitored twice a day for 30 days, then daily to ensure adherence with the policy and assure assistance is provided to the resident(s) for urgent or emergency needs. Records maintained per policy.<br><br>10% of residents Service Plans will be audited for 4 weeks; then 10% monthly.<br><br>Findings will be reviewed at the next 120-day Quality Assurance meeting |
| **Person Responsible for ensuring compliance with the Plan of Correction** | Supervisor of Assisted Living Services Agency (SALSA) or Designated RN |