April 13, 2026

La'Shell Vassell, Executive Director
Aviva West Hartford
1 Hamilton Heights Drive
West Hartford, CT 06119
Via Email: Lvassell@avivaseniorliving.com

Dear La'Shell Vassell,

An unannounced visit was made to Aviva West Hartford on April 2, 2026 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a licensing 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 April 23, 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.

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 23, 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 Elizabeth.Heiney@ct.gov and 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

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

ETH:brc

c. VL

The following are violations of the Regulations of Connecticut State Agencies **Section 19-13-D105 (e) General requirements for an assisted living services agency (1) and/or (g) Supervisor of assisted living services (2) (A) (B) and/or (h) Nursing Services provided by an assisted living services agency (3) (D) (i) (2).**

1. Based on personnel file reviews and staff interviews, the Assisted Living Services Agency (ALSA) failed to ensure that services were provided by qualified personnel in accordance with Connecticut regulations. The findings include:

a. Review of ALSA aide #1's personnel file indicated he/she was employed by the agency since 01/14/2026 and held a certification of completion from the Department of Social Services as a Personal Care Assistant (PCA), dated 08/03/2025. ALSA aide #1 did not hold Connecticut certification as a Certified Nurse Aide and/or a Home Health Aide. There was no documentation to demonstrate that tasks performed by the aide were within the permissible scope of practice for unlicensed personnel.

i. Interview and review of ALSA aide #1's personnel file on 04/02/2026 at 1:00 PM with the Executive Director, indicated that ALSA aide #1 had been employed since 01/14/2026 and provided personal care and medication cueing to clients. The Executive Director failed to ensure that services were provided in accordance with Connecticut regulations requiring services to be performed by appropriately qualified personnel and under proper supervision.

Plan of Correction for Violation 1:

AVI A
WEST HARTFORD

POC Accepted
4/21/26
LMS

April 20, 2026

On 4/3/2026, Executive Director removed ALSA aide #1, a per diem employee, from the schedule.

On 4/6/2026, Business Office Director conducted audit of current care staff files to ensure proper certification with no additional findings noted.

On 4/6/2026, Business Office Director was educated on the requirement each PCA to hold a certificate as either a Certified Nurse Aide and/or Home Health Aide.

Effective 4/6/2026, Executive Director will audit new employee files weekly x12 weeks to ensure proof of proper licensure/certification is in place. Audit findings will be reviewed during monthly QA meeting. Continuation of auditing will be determined based on achieving three consecutive months of compliance. Ongoing monitoring will be maintained to ensure sustained adherence to this requirement.