December 17, 2025

Jacquelyn Gaulin, Executive Director
The Orchards at Southington
34 Hobart Street
Southington, CT 06489
Via Email: Jacquelyn.gaulin@hhchealth.org

Dear Ms. Gaulin:

An unannounced visit was made to The Orchards at Southington on November 10, 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 27, 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 December 27, 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. 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 # 45594

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 agency policies for one of two clients (Client #1) in the survey sample who were serviced by the Assisted Living Services Agency (ALSA), the agency failed to ensure the client service plan was updated to reflect the client's needs and failed to ensure care coordination. The findings include:

a. Client #1 had a new client assessment conducted by the Supervisor of Assisted Living Services Agency (SALSA) at the Client's home on 06/17/2025. The psychiatric and behavior history of the assessment was not completed. The SALSA conducted a mini mental examination and the Client's score of nine (9) out of thirty (30) indicated a cognitive decline or dementia. Furthermore, the new client assessment indicated the Client was independent with ambulation, dressing, grooming, bathing, toileting, and dining. Based on the SALSA's assessment, the Client was placed in the agency's secure memory care unit.

Client #1 was admitted to the secure memory care unit on 07/09/2025 with diagnoses of Alzehmier's dementia, left breast cancer, heart murmur, osteoarthritis, and depression. The Client's initial service plan dated 07/16/2025 and finalized on 07/29/2025, indicated the Client required nursing assessments, medication management, was not an elopement risk, required assistance from ALSA aides with meal set up, grooming, dressing, bathing, and was independent with toileting and ambulation. The Client resided in the secure memory care unit from 07/09/2025 till 07/15/2025.

The ALSA aides and Client's responsible caregiver reported the Client was independent with personal care, was not wandering, exit seeking or presenting with increased confusion, therefore, the Client was transferred to a traditional assisted living apartment on 07/16/2025.

i. Interview and review of Client #1's clinical record and the ALSA's complaint log with the SALSA on 11/10/2025 at 1:00 PM, identified on 08/25/2025, 09/17/2025, 09/23/205 and 09/30/2025 the Client's responsible caregiver requested the Client's service plan updated to reflect his/her level of independence, but the ALSA failed to update the service plan until 10/15/2025. Additionally, the ALSA failed to inform the Client's responsible caregiver that

three (3) per day safety checks were added to the service plan until the service plan was sent to the Client's responsible caregiver for review and signed on 10/17/2025.

Review of the agency's Nursing Service Policies, identified assessments, completed as often as necessary based on the client's condition, but no less frequently than every one hundred twenty (120) days, and promoted action when a change in the client's condition would require a change in the client's service program and coordination of services with the client, family and other appropriate individuals involved in the client's service program.

Review of the agency's Admission and Discharge policy identified the agency would provide assisted living services to any clients of the ALSA, who need assistance with activities of daily living, nursing care and services either the client or the client's responsible party had requested that the agency provide.

Plan of Correction for Violation #1:

The Orchards at Southington Plan of Correction
POC Submitted:
Date of Visit: 11/10/2025

Accepted
1/15/26
CT Dept SNC

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)	Measures that institution implemented to prevent a recurrence	Date effective	Institution's plan to ensure sustainability	Individual responsible
CLIENT #1				
A, i – Interview and review of Client #1's clinical record and the ALSA's complaint log with the SALSA on 11/10/2025 at 1:00PM, identified on 08/25/2025, 09/17/2025, 09/23/2025 and 09/30/2025 the Client's responsible caregiver requested the Client's service plan updated to reflect his/her level of independence, but the **ALSA failed to update the service plan until 10/15/2025.** Additionally, the **ALSA failed to inform the Client's responsible caregiver that three (3) per day safety checks were added to the service plan until the service plan was sent to the Client's responsible caregiver for review and signed on 10/17/2025.**	Client #1's service plan was updated to reflect resident's independence with ADLs on 10/15/2025. Review of relevant policies by all facility RNs. Policies include: 1) Elopement Policy 2) Nursing Service Policy 3) Complaint and Grievance Management	01/01/2026	Facility will hold bi-weekly tracking meetings with representatives from multiple department to review all clients and ensure service plan accuracy. Continue to use Care Plan Correction Form for CNAs to communicate changes in care needs to the RN. Facility will update the Client service plan with every change in condition when it occurs. The SALSA or RN Designee will conduct a random audit of five (5) service plans to ensure accuracy. Audits will be done bi-weekly for 3 months and monthly thereafter.	SALSA/ RN Designee/ Administrator SALSA/RN Designee/Administrator SALSA/ RN Designee/ RN SALSA/ RN Designee

The Orchards at Southington Plan of Correction
POC Submitted:
Date of Visit: 11/10/2025

			A Resident Assessment checklist will be completed with every assessment to ensure accuracy. Client or Client responsible party will be notified of any changes made to the service plan as a result of an assessment. The SALSA will document the notification in the Client record.	SALSA/ RN Designee/ RN SALSA/ RN Designee
This plan of correction will be monitored at the quarterly Quality Assurance meeting until such time consistent substantial compliance has been met.				

The filing of this plan of correction should not be construed as an admission by The Orchards at Southington, it's officers, directors, employees, or agents, as to the truth of the allegations contained in the Department of Public Health's violation letter. This plan of correction is submitted as the facility's credible allegation of compliance.