CONNECTICUT

Department of Public Health

HEALTHCARE QUALITY AND SAFETY BRANCH

December 17, 2025

Patricia Strickland, Executive Director
Harborchase of Branford
173 Alps Road
Branford, CT 06405
Via Email: Pstrickland@harborchase.com

Renewed & Accepted 6/5/26 mc

Dear Ms. Strickland:

An unannounced visit was made to Harborchase of Branford on November 3, 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.

CONNECTICUT
Public Health

Phone: (860) 509-7400 • Fax: (860) 509-7543
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Hartford, Connecticut 06134-0308
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Affirmative Action/Equal Opportunity Employer

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 # 45554

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 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 coordination of care, failed to follow a physician's order and failed to investigate. The findings include:

a. Client #1 was admitted to the Assisted Living Services Agency (ALSA) on 11/07/2022 with diagnoses of atrial fibrillation, chronic respiratory failure and chronic obstructive pulmonary disease. The Client's 120-day assessment and service plan dated 04/09/2025, identified the Client required nursing assessments, medication administration by a nurse and ALSA aide assistance with bathing, dressing and grooming. Additionally, Client #1 required continuous oxygen, was admitted to hospice services and received weekly hospice nursing visits.

Review of Client #1's physician's orders, directed the ALSA nurses to administer Lorazepam (anti-anxiety medication) 0.5 milligrams (mg) one (1) tablet by mouth every one (1) hour as needed for anxiety, Morphine Sulfate oral solution (20 mg/milliliters (ml) 0.2 ml by mouth every two (2) hours as needed for moderate pain (defined as 4-7/10 on the pain scale), Morphine Sulfate oral solution (20 mg/ml) 0.5 ml every two (2) hours as need for moderate pain of (8-10/10 on the pain scale) and Morphine Sulfate oral solution (20 mg/ml) 0.25 ml every twenty (20) minutes as need for shortness of breath for three (3) doses and if ineffective call the hospice agency.

Review of Licensed Practical Nurse #1's (LPN) note dated 07/01/2025 at 6:04 PM identified Client #1 was observed with shortness of breath and anxiety. LPN #1administered Morphine and Lorazepam to the Client.

Review of LPN #1's nursing note dated 07/01/2025 at 10:20 PM, identified LPN #1 was approached by Client #1's responsible caregiver at 7:00 PM, who reported Client #1 was having difficulty breathing and required a dose of Morphine. LPN #1 indicated that the Client received a dose of Morphine and Lorazepam at 6:00 PM. Furthermore, LPN #1 identified she had assessed the Client who was resting in bed, not presenting with shortness of breath, had a pulse rate of 122 and an oxygen saturation level of 89%. The Client's responsible

caregiver identified that hospice had ordered Morphine to be administered to the Client every twenty (20) minutes for three (3) doses for one (1) hour for shortness of breath. LPN #1 reported to the Client's responsible caregiver that the Client was not short of breath, therefore, would be given a dose of Morphine at 7:30 PM. Client #1's responsible caregiver continued to report that the Client was in respiratory distress and required a dose of Morphine every twenty (20) minutes. LPN #1 returned to the Client at 7:50 PM, identified the Client denied shortness of breath and encouraged the Client to use his/her call for service pendant when needed.

Review of Client #1's medication administration record (MAR), identified on 07/01/2025 at 7:30 PM and 8:31 PM, LPN #1 administered 0.25 ml of Morphine Sulfate to the Client for shortness of breath.

Review of the hospice agency's call log dated 07/02/2025 at 08:38 AM, identified the agency received a call from the ALSA who indicated Client #1's responsible caregiver was inquiring about medication orders and the administration of Morphine every twenty (20) minutes. The hospice agency advised Client #1's nurse case manager of the message.

Review of the former Supervisory of Assisted Living Services Agency (SALSA) nursing note dated 07/02/2025, identified a meeting occurred with the former Executive Director, former SALSA, Client #1's responsible caregiver and the hospice agency's nurse regarding the Client's increased shortness of breath and anxiety, comfort and medication concerns. The hospice agency nurse discussed adding scheduled doses of Morphine and Lorazepam to ensure the Client's comfort.

Review of physician's orders dated 07/02/2025 after the meeting with the former Executive Director, former SALSA, the Client's responsible person and the hospice agency's nurse, the orders directed the ALSA staff to administer Lorazepam 0.5 mg oral tablets twice daily and Morphine Sulfate oral solution 20 mg/ml (0.25 ml) by mouth every six (6) hours.

Review of LPN #1's nursing note dated 07/05/2025, identified Client #1 expired at 09:10 AM.

i. Interview and review of Client #1 clinical record on 11/03/2025 at 11:45 AM with the SALSA, failed to identify LPN #1 contacted the on-call ALSA Registered Nurse (RN) and hospice agency on the evening of 07/01/2025 to

report the Client's responsible person's concern or the Client's change in condition and failed to identify the former Executive Director or SALSA conducted an agency complaint investigation.

Plan of Correction for Violation #1:

HARBORCHASE OF BRANFORD PLAN OF CORRECTION FOR VISIT OF NOVEMBER 3, 2025 VIOLATION: SECTION 19-13-D105 (G) SALSA (2) (A) (B) AND (H) NURSING SERVICES PROVIDED BY ALSA (3) (C) (D)

MEASURE IMPLEMENTED	DATE OF COMPLETION	HOW COMMUNITY IS TO MONITOR MEASURE IMPLEMENTED	TITLE OF PERSON/PERSONS RESPONSIBLE FOR COMPLETING AUDIT/COMPLETION
IN-SERVICE LPN'S/RN'S ON RESIDENTS RECEIVING HOSPICE- 1. NOTIFICATION TO HOSPICE AGENCY AND SALSA FOR CHANGE OF STATUS. 2. PAIN MANAGEMENT 3. RESPIRATORY CHANGES AND HOW TO MONITOR 4. REPORTING ON CHANGES TO HOSPICE, SALSA AND RESPONSIBLE PARTY	January 15, 2026	Contact Hospice Agency to have RN Case Manager come in to do an in-service to LPN's/RN's. Complete in-service sign in sheet and put a copy in each nursing staff's employee file	Kristin Giuliano- DRC Phil Noto-ED
Audit of 4 Hospice Residents weekly x 4 weeks then bi-weekly x 4 weeks then monthly x 2 to ensure 1. Coordination of care in place. 2. Physicians' orders followed 3. Residents' status assessed appropriately to include pain/respiratory changes ensure reported to Hospice Agency and SALSA timely. 4. Responsible party, resident or agency concerns/issues are investigated by ED/SALSA and reported appropriately	START DATE: January 5, 2026 END DATE: APRIL 5, 2026	Audit forms to be completed by DRC to monitor coordination of care, physicians orders, residents status and/or change, notification to appropriate parties, reporting/investigation appropriateness in the time frame stated	Kristin Giuliano-DRC-accuracy Patricia Strickland-SED ensure timeliness of completion