CONNECTICUT

Department of Public Health

HEALTHCARE QUALITY AND SAFETY BRANCH

April 9, 2026

Reviewed & Accepted 6/5/26 Lmes

Phil Noto, Executive Director
Harborchase of Branford
173 Alps Road
Branford, CT 06405
Via E-mail: BranfordED@harborchase.com

Dear Mr. Noto:

An unannounced visit was made to Harborchase of Branford on March 19, 2026 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 April 19, 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.

CONNECTICUT
Public Health

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

1. Based on review of clinical records, review of agency documentation, and interviews with agency personnel for one of two clients (Client #1) in the survey sample who received services for care needs and medication management from the Assisted Living Services Agency (ALSA), the agency failed to identify completion of an incident report and nursing documentation, and care coordination as a result of a client death. The findings include:

a. Client #1 was admitted to the ALSA on 12/09/2024 and resided in the secure memory care unit with diagnoses of dementia, cognitive impairment, and chronic kidney disease. The Client was admitted to hospice services on 01/30/2026 for weekly nursing, social work and chaplain visits. The Client's 120-day nursing assessment and service plan dated 01/30/2026, identified the Client required nursing assessments and medication administration. Additionally, Client #1 required assistance with bathing, grooming, dressing, toileting, incontinence care and safety checks every one (1) to two (2) hours as the Client had a history of falls.

Review of Client #1's safety check logs for January through March 2026 identified that the Client received checks on each shift.

Review of a nursing note dated 03/15/2026 by Licensed Practical Nurse (LPN) #1, identified Client #1 was found on the floor next to the bed at 01:00 AM without a pulse or respirations. The Client was lifted into bed by LPN #1, ALSA aide #1 and #2. The responsible caregiver came to the agency to view the Client; the hospice RN pronounced the Client's death at 02:30 AM and he/she was transported to the funeral home at 03:30 AM.

i. Interview with ALSA aide #1 on 03/19/2026 at 10:50 AM, indicated he/she worked on 03/14/2026 for the 11:00 PM to 07:00 AM shift in the secure memory care unit. ALSA aide #1 identified while performing a safety check on Client #1 at 11:45 PM, saw the Client on the floor next to the bed, he/she appeared blue in color, and had a skin tear the right elbow. ALSA aide #1 reported the findings to LPN #1 and LPN #1 that the Client had no pulse or respirations. ALSA aide #1 identified that the Registered Nurse (RN) Designee and LPN #1 directed ALSA aide #1 and ALSA aide #2 to assist with moving the Client into bed and initiate post-mortem care. ALSA aide #1 further indicated he/she declined to perform post-mortem care and stated that the Client should have remained in place on the floor until an assessment and pronouncement by the hospice personnel was performed.

ii. Interview with ALSA aide #2 on 03/19/2026 at 11:10 AM, indicated the aide performed post-mortem care on Client #1 around 12:30 AM on 03/15/2026.

iii. Interview with ALSA aide #3 on 03/19/2026 at 1:00 PM, indicated he/she worked the 3:00 PM to 11:00 PM shift on 03/14/2026 in the secure memory care unit. The aide reported assisting Client #1 to bed around 9:30 PM and observing the Client in bed at 10:30 PM during a safety check, and noticed the Client was awake and comfortable.

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 19, 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 BS RN BC

Elizabeth T. Heiney, BS, RN, BC
Supervising Nurse Consultant
Facility Licensing and Investigations Section

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c. VL
Complaint: # 46512

iv. Interview and review of Client #1's clinical record with the Executive Director and Assistant Executive Director on 03/19/2026 at 3:00 PM, failed to identify documentation that an agency post-incident report was completed following Client #1's unwitnessed fall and subsequent death, and the agency failed to identify the completion of documentation of an assessment of the Client following LPN #1's identification that the Client had no pulse or respirations, and the agency failed to conduct an investigation to determine whether timely care coordination occurred between the ALSA and Client's hospice provider, subsequent to the patients death.

Review of the Client Accident Standard/Head Injury policy identified a post incident follow -up would be reviewed and hospice clients would not be excluded from the head injury policy.

Review of Nursing Services policy identified the RN would be responsible for assessments as needed or a change in condition.

Review of Death of a Client policy identified the Executive Director would direct notification of the Client's family, physician and mortuary. The incident report will be completed before the end of shift by the Care Manager. The updated risk management report would be initiated because of the original incident to reflect the death and update the clinical record to reflect the death.

Plan of Correction to Violation #1:

MEASURE IMPLEMENTED	DATE OF COMPLETION	HOW COMMUNITY IS TO MONITOR MEASURE IMPLEMENTED	TITLE OF PERSON/PERSONS RESPONSIBLE FOR COMPLETING AUDIT/COMPLETION
• REVIEW AND INSERVICE LPNs/RNs ON COMPLETION OF AN INCIDENT REPORT(S) AND NURSING DOCUMENTATION, AND CARE COORDINATION AS A RESULT OF A CLIENT DEATH. ENSURE INCIDENT REPORTS ARE COMPLETED WITH PROPER DOCUMENTATION. INCIDENT REPORTS GENERATE NOTES IN ALIS • REVIEW AND INSERVICE NURSING STAFF REGARDING ACCIDENT STANDARD/HEAD INJURY POLICY. (HOSPICE CLIENTS NOT TO BE EXCLUDED). 911 TO BE CALLED FOR ANY UNWITNESSED FALL. • REVIEW AND INSERVICE NURSING SERVICES POLICY WITH RNs/LPNs. RN TO BE RESPONSIBLE FOR ASSESSMENTS AS NEEDED OR WITH A CHANGE OF CONDITION. • REVIEW AND INSERVICE STAFF ON DEATH OF A CLIENT POLICY. E	May 30, 2026	Complete in-service sign in sheet and put a copy in each nursing staff's employee file	• DIRECTOR OF RESIDENT CARE • RN DESIGNEE • EXECUTIVE DIRECTOR
Incident reports will be audited by RN 2x weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 2 to ensure: 1. Timely and proper completion of Incident Reports and Clients services reflect individual care needs 2. Any needed assessments are completed by an RN and Care plan is updated as needed. 3. Resident needs are met	START DATE: APRIL 23rd, 2026 END DATE: Review of Incident Reports will be ongoing and start immediately. Audits will start APRIL 23, 2026 and continue until 7/23/2026.	Internal audit tools completed DRC/RN DESIGNEE in time frame stated to ensure client services reflect individual care needs, Physicians orders followed, Residents status assessed appropriately and reported to SALSA, MD and family timely	DRC/RN DESIGNEE for accuracy Philip Noto-ED for timeliness