STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

Healthcare Quality And Safety Branch

July 30, 2024

Debbie Cantele, SALSA
The Landing Of North Haven
201 Clintonville Road
North Haven, CT06473
Via Email: dcantele@leisurecare.com

Dear Ms. Cantele:

An unannounced visit was made to The Landing Of North Haven on July 9, 2024, by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a complaint investigation survey.

Attached are the violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which were 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 August 9, 2024.

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.

DATE OF VISIT: July 9, 2024

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing Authority of an assisted living services agency (4)(A) and (e) General requirements for an assisted living services agency (1) and (g) Supervisor of assisted living services (2)(A)(B) and (h) Nursing Services provided by an assisted living services agency (3)(C) and/or (k) Client service record (2)(H).

1. Based on clinical record review, review of agency policies and staff interviews for one of one client (Client #1) who received assisted living services for assistance with personal care, medication management and safety monitoring, the Assisted Living Services Agency/ALSA failed to update the service plan with a change on condition. The findings include:
   a. Client #1 was admitted to the memory care assisted living services agency (ALSA) program on 11/22/21. The admitting diagnoses included Alzheimer's dementia, skin cancer, senile purpura, and seizure disorder. The client service plan dated 8/07/23 identified the need for assistance with bathing, dressing, transfers, toileting, and medication management and was identified at a high risk for falls.

      On 10/11/23 at 7 AM, the client was found on the floor in the bedroom, lying on his/her back, with a large skin tear on the right forearm and complaints of head, neck, and back pain. Emergency services were notified along with the physician and next of kin and the client was transported to the hospital. The client was admitted to the hospital and returned to the ALSA on 10/13/23 at 7:45 PM with orders for home care services including nursing for the skin tear dressing change, physical therapy, and occupational therapy services. On 10/16/23, the Home Health Agency/HHA admitted the client for services.

      Interview and review of the clinical record with the SALSA on 7/09/24 at 1 PM identified a subsequent 120-day service plan was completed by the former Supervisor of Assisted Living Services Agency/SALSA on 11/16/23, lacked documentation of the fall on 10/11/23 and the admission for home care services on 10/16/23, and failed to identify a change in condition service plan was completed after the Home Health Agency admission on 10/16/23.

      Review of agency policy for assessments directed that they are to be completed every 120 days and as necessary, to address significant changes in the client's physical, behavioral, cognitive, and functional condition.

Plan of Correction for Violation #1:

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

Review of agency job description for Memory Care Manager (RN Designee) identified the responsibility for the personal care services and program delivery provided by the community staff to the memory care clients, the health assessment and person-centered service planning and care coordination for the client's health needs.

Review of agency job description for Health and Wellness Director identified the responsibility for the personal care services provided by the community staff to the clients, the health assessment and services planning for all community client's and care coordination for the client's health needs from vendors.

Review of the ALSA aide care plans for October 2023 and November 2023 identified the need for incontinent care every shift and showers two times a week on Mondays and Thursdays.

Interview and review of the agency documentation with the present SALSA on 7/09/24 at 1:50 PM failed to identify communication from the ALSA aides to licensed personnel of the Mepilex dressing dated 10/25/23, and the subsequent thirty-two days after with observations during incontinent care and showering twice weekly and failed to follow agency policies.

Review of agency job description for a Resident Assistant directed, in part, the full responsibility for direct client care including assisting with all personal care skills and making appropriate observations about the client's condition in every interaction with the client.

Plan of Correction for Violation #2:

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (g) Supervisor of assisted living services (2)(E) and/or (j) Assisted living services agency staffing requirements (1)(2).

3. Based on review of agency staffing and interview with agency personnel, the ALSA failed to ensure a Registered Nurse/RN Designee was available to provide relief for the supervisor as needed:

THE LANDING
OF NORTH HAVEN

Accepted
E Tolerty RN BSN
8/10/24

Complaint Number 39871

August 2,2024

Elizabeth Heiney

410 Capitol Avenue

P.O. Box 340308

Hartford, CT 06134-0308

Dear Elizabeth Heiney,

The Following is the Plan of Correction for The Landing of North Haven regarding the Statement of Deficiencies dated July 30, 2024. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is a submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the deliver of quality health care services and will continue to make changes and improvement to satisfy and objective.

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing Authority of an assisted living services agency (4)(A) and (e) General requirements for an assisted living services agency (1) and (g) Supervisor of assisted living services (2)(A)(B) and (h) Nursing Services provided by an assisted living services agency (3)(C) and/or (k) Client service record (2)(H).

- Deficiency: The Community failed to update the service plan with a change of condition.
- POC :
    - The Nurse/Designee will complete review of incident reports to flag any service plans not updated resulting in a change of condition.
    - The Nurse/Designee is responsible.
    - To assist with compliance, the General Manager/Designee will review two incident reports a week for the next two months to ensure proper documentation.
    - Completion Date: September 1, 2024.