STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

Accepted
2/7/25
ETsheeley RNBSN

February 20, 2025

Debbie Cantele, Executive Director
The Landing Of North Haven
201 Clintonville Road
North Haven, CT 06473
Via Email: dcantele@leisurecare.com

Dear Ms. Cantele:

An unannounced visit was made to The Landing Of North Haven on February 10, 2025 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 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 March 2, 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 March 2, 2025, or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

We do not anticipate making any practitioner referrals at this time.

Please return your original violation letter, along with your Plan of Correction and response, to Elizabeth Heiney, Supervising Nurse Consultant, at Elizabeth.Heiney@ct.gov. Please direct your questions concerning the instructions contained in this letter to Elizabeth Heiney directly at (860) 509-8059. Please do not send another copy via US mail.

Respectfully,

/s/

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

EH:csf

c. VL

Complaint #43043

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (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 (4)(A).

1. Based on review of clinical records, agency documentation, interviews with agency personnel and review of an agency policy for one of three clients in the survey sample (Client #1), who received assisted living services for assistance with personal care and medication management, the Assisted Living Services Agency (ALSA) nurse failed to administer medications in accordance with physician's orders and agency's policy. The findings included:
   a. Client #1 was admitted to the Assisted Living Services Agency (ALSA) and resided in the secured memory care unit with diagnoses of dementia, depression, and hypokalemia (low potassium level). The Client's 120-day nursing assessment and service plan dated 12/31/2024, identified the Client required nursing assessments and medication administration by a nurse. Client #1 required assistance from his/her private duty aide with bathing, grooming, dressing, toileting and ambulation with a walker.

      Review of Client #1's physician's order sheet dated 12/18/2024 identified Advance Practice Registered Nurse #1 (APRN) ordered the Client to receive Potassium Chloride 40 milliequivalents (MEQ)/15 milliliters (ml) liquid (7.5 ml to equal 20 MEQ total) by mouth twice per day. Additionally, APRN #1 ordered the Client's Magnesium to be stopped on 12/18/2024.

      Review of the agency's medication incident report dated 02/06/2025 with the Executive Director on 02/10/2025 at 1:30 PM identified on 12/19/2024, Licensed Practical Nurse #1 (LPN) reviewed APRN #1's order dated 12/18/2024 to stop Client #1's Magnesium, but instead discontinued Potassium Chloride 40 m MEQ/15 ml liquid (7.5 ml to equal 20 MEQ total) by mouth twice per day. Client #1 had blood work drawn and APRN #1 identified the Client's potassium level was 2.8 (a normal blood potassium level for adults is between 3.5 and 5.2 milliequivalents per liter).

      APRN #1 assessed the Client on 02/05/2025 and identified the Client had not received the Potassium Chloride (7.5 ml to equal 20 MEQ total) by mouth twice per day since 12/19/2024. APRN #1 restarted Client #1's Potassium Chloride.

      Interview and review of the agency's medication incident report dated 02/06/2025 with the Executive Director on 02/11/2025 at 1:30 PM, identified the ALSA nurse failed to administer a medication in accordance with a physician's/practitioner's order and the agency's Medication Services policy.

      Subsequent to the agency's investigation, LPN #1 voluntarily resigned from his/her position on 02/06/2025.

Review of the agency's Medication Services policy identified each client would have a monthly medication administration record with exact physician's orders for each prescribed medication. A medication error would be any situation where the exact orders from the physician were not followed. All medication errors would be immediately reported in writing in accordance with policy and reported to the health and wellness designee. Each medication error would be investigated, and would be reported to the client's health practitioner, responsible party and state licensing agency.

Plan of Correction for Violation #1:

Complaint Number #43043

March 3, 2025

Elizabeth Heiney

410 Capitol Avenue

P.O. Box 340308

Hartford, CT 06134-0308

Accepted
3/17/25
CT Heiney RN BSN

Dear Elizabeth Heiney,

The Following is the Plan of Correction for The Landing of North Haven regarding the Statement of Deficiencies dated February 20, 2025. 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 delivery of quality health care services and will continue to make changes and improvement to satisfy and objective.

The following are violations of the Regulation of Connecticut Stage Agencies Section 19-13-D105 (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 (4)(A).

- Deficiency: the agency failed to assure the nurses administered medication in accordance with physician' s orders and agency's policy.
- POC:

  (1) The measures that the institution intends to implement or systemic changes that the institution intends to make to prevent a recurrence of the identified issue of noncompliance;

  - The Health and Wellness Director (Supervisor of Assisted Living Service Agency "SALSA") will complete monthly audits reviewing physician orders to medication administration to each resident to ensure quality of service.
  - The SALSA and / or Health and Wellness Designee/RN Designee will sign off on all medication changes including dosage change, new medications and discharge of medications to ensure medications are administered in accordance with the physician's orders.

(2) The date each corrective measure or change by the institution is effective

- Completion Date: April 1, 2025

(3) The institution's plan to monitor its quality assessment and performance improvements functions to ensure the corrective measure or systemic change is sustained;

- In accordance with 19-13-D105, The SALSA/Health and Wellness Director/RN Designee will provide MRC Service Coordinator (General Manager) regarding any problems associated with medication services.

(4) The title of the institution staff member that is responsible for ensuring the institution's compliance with its plan of correction.

- The SALSA/Health and Wellness Director/ RN Designee is responsible for the operation and compliance of the ALSA and compliance with the plan of correction. The MRC Service Coordination/General Manager is responsible for ensuring that the services and collaborative relations with the ALSA identified in 19-13-D105 are effectively maintained.