CONNECTICUT

Department of Public Health

HEALTHCARE QUALITY AND SAFETY BRANCH

May 27, 2026

POC accepted
6/26/26
Lmes

Kathleen Lane, Executive Director
Brightview On New Canaan
162 New Canaan Avenue
Norwalk, CT 06850
Via E-mail: klane@bvsl.net

Dear Ms. Lane:

An unannounced visit was made to Brightview On New Canaan on May 12, 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 a 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 June 6, 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.

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Phone: (860) 509-7400 • Fax: (860) 509-7543
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
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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 June 6, 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 dph.flisadmin@ct.gov or right fax number 860-509-7543. 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

ETH:lst

c. VL
Complaint # CT46401

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (g) Supervisor of assisted living services (2)(A) and/or (B) and/or (h) Nursing Services provided by an assisted living services agency (3)(C) and/or (D).

1. Based on review of clinical records, review of agency documentation, and interviews with agency personnel, for one of two clients (Client #1), the agency failed to assess and document changes in the Client's condition, and failed to respond to and report changes in the Client's condition in a timely manner, and failed to ensure the Client's safety as a result of wandering off facility grounds that resulted in injury. The findings include:

   a. Client #1 was admitted to the ALSA on 09/19/2023 with diagnoses including, anxiety disorder, dementia, unspecified psychosis and insomnia. The Client's 120-day nursing assessment and service plan dated 01/20/2026 identified Client #1 required assistance with medication management, bathing, grooming, dressing, and every two (2) hour safety checks provided by ALSA staff. The assessment further noted the Client experienced mild short-term memory loss and cognitive impairment, occasional inability to recognize and avoid unsafe situations, and intermittent disruptive, aggressive and poor judgement behaviors. Additionally, staff were to monitor and report the Client's behavioral changes, including paranoia, hallucinations, and depression.

   Review of a nursing note dated 05/10/2026 identified that at approximately 10:15 AM, staff discovered Client #1 was not present in his/her apartment. Staff conducted a search of the building, parking lot, and surrounding areas. The local police department later notified the agency that Client #1 had been located and transported to the emergency department with facial fractures. The Client's primary care physician was notified.

   Review of Client #1's every two-hour safety check log for May 2026 identified documentation indicating the Client was noted as "on a leave of absence" during each shift on 05/10/2026.

   Review of Client #1's urine culture results dated 05/11/2026, from a urine specimen obtained on 05/08/2026, identified findings consistent with a urinary tract infection (UTI).

   Review of nursing notes for April and May 2026, failed to identify the reason the urine specimen was obtained on 05/08/2026 or document any noted changes in the Client's condition or behavior.

   Interview with ALSA aide #1 on 05/12/2026 at 2:00 PM, identified she as assigned to work from 07:00 AM to 3:00 PM shift on 05/10/2026. ALSA aide #1 stated that due to several Clients requiring care earlier than scheduled, she was unable to complete the required every two-hour safety checks for Client #1. ALSA aide #1 further identified that at 10:15 AM, she discovered the Client was not in his/her apartment. Additionally, the aide reported that the

Client had demonstrated increased confusion and behavioral changes for about one week prior to the incident.

Interview with the Executive Director and Supervisor of Assisted Living Services Agency (SALSA) on 05/12/2026 at 2:45 PM, identified that Client #1 left the facility on 05/10/2026 without signing out. The SALSA further identified the Client did not have a known history of leaving the facility unattended. Additionally, the SALSA identified the Client had been exhibiting behavioral changes prior to the incident, which resulted in a urine specimen being obtained on 05/08/2026 but failed to identify documentation of the reason for obtaining the urine specimen, evidence that an assessment related to the Client's behavioral changes was completed by a Registered Nurse (RN), an elopement risk assessment was completed, or why the scheduled safety checks for the Client were not completed.

Review of the agency's Elopement policy identified all clients would be assessed for elopement risk by a licensed healthcare professional prior to or move in, upon significant change in condition, and at regularly scheduled assessment intervals to identify risk factors that could lead to elopement.

Review of the agency's Resident Assessment identified Clients are assessed by a registered nurse at move-in and as often as the client's condition requires and no less than every 120 days to assure that clients are appropriate for placement and continued residency in the community.

Plan of Correction to Violation #1:

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ON NEW CANAAN

162 New Canaan Ave. | Norwalk, CT 06850
203-857-1836 | www.BrightviewOnNewCanaan.com

June 4, 2026

Elizabeth T. Heiney, BS, RN, BC
Supervising Nurse Consultant
410 Capitol Avenue
Hartford, CT 06134-0308

Dear Ms. Heiney,

Below is the Plan of Correction for unannounced visit to our community on May 12, 2026. Brightview on New Canaan intends to implement the following measures and systemic changes.

1. ALSA aide #1 was suspended pending investigation for statement "that due to several clients requiring care earlier than scheduled, I was unable to complete every two-hour safety check". Appropriate disciplinary action has been taken for the aide. All other ALSA aides have been in-serviced on the expectation that safety checks will be completed at beginning of their shift and then every two hours as identified on their individual service plans. The ALSA aide will document the completion of the safety check in Yardi Carestream at the time of completion. If the ALSA aide is unable to complete the safety check at the beginning of their shift or on schedule, they will immediately notify their supervisor, SALSA or ED. In-service education for all ALSA aides and ALSA nurses will be completed by June 8, 2026, and will be delivered to the associates by the SALSA, Memory Care Director, Assisted Living Director or ED.

2. The date all corrective action measures identified in this plan of correction is June 8, 2026. The corrective actions will be implemented by the SALSA, ED, Memory Care Director or Assisted Living Director.

3. The facility will perform change in condition assessments upon the notation of a significant physical or cognitive change in condition for a resident. This will be captured using the CT HSE [103] Assessment tool in Yardi EHR. Under "Reason", "Change in Condition" will be selected to note the appropriate reason for assessment. This will be implemented by June 5, 2026, by SALSA.

4. The need for individual change in condition assessments will be evaluated daily by the SALSA and on a quarterly basis by the established Quality Assurance Committee. Documentation of safety checks in Carestream will routinely be audited throughout

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the day by the Memory Care Director, Assisted Living Director, or SALSA. Incomplete documentation will be addressed immediately with the assigned ALSA aide.

5. The Executive Director will be responsible for ensuring the institution's compliance with this plan of correction.

Kathleen Lane, ED

Kathi Lane

Executive Director