CONNECTICUT Department of Public Health

HEALTHCARE QUALITY AND SAFETY BRANCH

December 29, 2025

Ingrid Kausyla, Executive Director
Brandywine Living At Litchfield
19 Constitution Way
Litchfield, CT 06759
Via E-mail: ikausyla@brandycare.com

Dear Ms. Kausyla:

An unannounced visit was made to Brandywine Living At Litchfield on December 18, 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 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 January 8, 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.

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 January 8, 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 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.

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

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 #45593

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 Assisted living services agency (d) Governing authority of an assisted living services agency (4)(A) and/or (e) General requirements for an assisted living services agency (1) and/or (g) Supervisor of assisted living services (2)(A) and/or (B) and/or (i) Assisted living aide services (1) and/or (m) Client's bill of rights and responsibilities (5).

1. Based on review of agency documentation, staff interviews, and review of the agency policy, for one of three clients (Client #1) who received assisted living services for assistance with personal care, medication management and safety monitoring, the Assisted Living Services Agency/ALSA aide failed to ensure clients were free from abuse and failed to follow agency policies on Code of Conduct. The findings include:

   Client #1 was admitted to the memory care assisted living services agency (ALSA) program on 11/10/23. The admitting diagnoses included dementia, major depressive disorder and anxiety. The client service plan dated 7/09/25 identified the need for assistance with dressing, grooming, bathing, toileting, medication management, hourly safety checks and was at risk for falls.

   Review of agency documentation dated 11/05/25 identified a complaint from the private duty aide/PDA for Client #2 witnessed an agency aide, NA #1 forcefully assisting Client #1 into a chair in the presence of another agency aide, NA #2.

   An immediate investigation was initiated by the Executive Director/ED. The Supervisor of Assisted Living Services Agency/SALSA completed a body audit of Client #1 and found no injuries. NA #1 & #2 were suspended pending the investigation.

   Interview with NA #1 on 12/18/25 at 11:38 AM, denied forcefully assisting Client #1 into the chair but indicated she had been harsh and aggressive with her coworkers because they were not doing their jobs.

   Interview with NA #2 on 12/18/25 at 11:21 AM, denied witnessing NA #1 forcefully assisting the client in the chair and never saw her mistreat anyone.

   Interview with the ED on 12/18/25 at 11 AM indicated that the abuse allegation was unsubstantiated but indicated that NA #1 had used derogatory language to staff members and in front of clients in the past, therefore had not followed policies on Code of Conduct. NA #1 was terminated for Code of Conduct violations on 11/13/25.

   Review of agency policy for Discipline and Code of Conduct directed that examples of conduct that is prohibited and may result in disciplinary action, up to an including termination of employment include the use of abusive language or threatening language towards a supervisor, member of management or coworker, profanity, rude or offensive conduct, regardless of whether in the presence of customers or clients.

Review of agency policy for reporting abuse, neglect or financial exploitation directed if the report is substantiated, a written report is made to the appropriate regulatory agency, the responsible party, the Ombudsmen, and Adult Protective Services. Appropriate disciplinary actions will be made if the community team members participated in substantiated abuse neglect or financial exploitation.

Plan of Correction to Violation #1:

POC accepted 1/8/26 EM

Brandywine Living at Litchfield
Plan of Correction for Violation of Regulations of CT State Agencies sections 19a-496
Submitted 1/8/2026

Violation	Corrective Measure	Date of effect	Compliance Management	Responsible Team Member
Failure to ensure clients were free from abuse and failed to follow agency policies the code of conduct.	Assigned "About Care Giver Conduct" in Relias to all staff	1/5/2026	Monitor staff completion of assigned mandatory training. Due by 1/31/2026. Review in-service during Monthly Communication meeting 1/12/26 & 1/13/26.	Executive Director/ HR Director
	Review Resident Bill of Rights with all staff in person.	1/5/2026	Monthly All Staff Communication Meetings scheduled 1/12/26 & 1/13/26. Resident Bill of Rights to be reviewed in person with all staff. Resident Rights will be posted in all departments.	Executive Director/Department Head Management Team
	Review General Standards of Conducts, section 5-1 Discipline and Code of Conduct and section 5-3, Reporting Illegal and Unethical Behavior in employee handbook with all staff.	1/5/2026	Monthly All Staff Communication Meetings scheduled 1/12/26 & 1/13/26. Standards of conduct, Discipline & Code of conduct and reporting Illegal & Unethical Behavior to be reviewed in person with all staff. All employees have signed the Employee Handbook.	Executive Director/HR Director
	Review Monarch Communities Private Duty Handbook (CT) with current private duty agencies. Request signed copy	1/5/2026	Met with Private Duty Agency representatives to review handbook and request completed, signed copy for all private duty	Executive Director, Health & Wellness Director

Brandywine Living at Litchfield
Plan of Correction for Violation of Regulations of CT State Agencies sections 19a-496
Submitted 1/8/2026

POaccepted 1/8/26 ETT

	for all current PDAs and future PDAs. In-service on Reporting Abuse & Escalating Abuse allegations for Managers/Department Head Team	 1/8/2025	caregivers. Binder started in Wellness. HWD to audit binder monthly to monitor compliance. Meeting Scheduled 1/8/26 with management & DH team for in-servicing.	 Executive Director/Management Team