

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality And Safety Branch

March 8, 2024

Lindsey Redin, Administrator
Ellington Assisted Living Services, LLC
123 West Road
Ellington, CT 06029
Via Email: Lredin@IvyAssistedLiving.com

Dear Ms. Redin:

An unannounced visit was made to Ellington Assisted Living Services, LLC, on February 16, 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.

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 18, 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.



Phone: (860) 509-7400 • Fax: (860) 509-7543
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

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FACILITY: Ellington Assisted Living Services, LLC.

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DATE OF VISIT: February 16, 2024

THE FOLLOWING VIOLATION OF THE REGULATIONS OF CONNECTICUT
STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES
WAS IDENTIFIED

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.

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 #37724

DATE OF VISIT: February 16, 2024

THE FOLLOWING VIOLATION OF THE REGULATIONS OF CONNECTICUT
STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES
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The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (e) General requirements for an assisted living services agency (1) and/or (g) Supervisor of assisted living services (2)(A)(B) and/or (h) Nursing Services provided by an assisted living services agency (3)(C) and/or (i) Assisted living aide services provided by an assisted living services agency (5)(B) and/or (k) Client service record (L).

1. Based on clinical record reviews, interviews with agency personnel and agency policies for one of three clients in the survey sample (Client #1) who depended on the Assisted Living Services Agency (ALSA) for assistance with activities of daily living, medication management and nursing assessments. The Assisted Living Services Agency (ALSA) failed to maintain a complete client record to reflect if care was provided, failed to ensure a client's safety and failed to conduct a Registered Nurse (RN) reassessment as often as necessary based on the client's condition in accordance with the agency's policy. The findings include:
 - a. Client #1 was admitted to the Assisted Living Services Agency (ALSA) secured memory care unit on 07/03/2023 with a diagnosis of dementia, anxiety, depression, and cancer. Client #1's 120-day assessment dated 11/30/2023 and service plan dated 12/01/2023, identified the Client required nursing assessments, medication administration by a nurse and stand-by assistance from ALSA aides for grooming and dressing. The Client was independent with ambulation without an assistive device.

Interview and review of Client #1's nursing note dated 01/28/2024 and hospital discharge summary dated 01/29/2024 with the Executive Director on 02/16/2024 at 10:00 AM, identified Licensed Practical Nurse (LPN) #1 was called to the Client's room around 11:50 AM on 01/28/2024 by ALSA aide #1 and ALSA aide #2. LPN #1 observed the Client sitting on his/her couch with swelling and bruising to the left eye and forehead with a skin tear present to the right lower leg. Initially, Client #1 identified falling but indicated an individual struck him/her resulting in the injuries. LPN #1 called 911 and emergency medical service personnel arrived. The Client indicated to the emergency services personnel being struck but was unable to identify the individual. Client #1 was transported to the hospital for an evaluation at 12:40 PM. Client #1's hospital discharge summary dated 01/29/2024, identified the Client was evaluated in the emergency department on 01/28/2024 for a fall, had a diagnosis of a cervical fracture and returned to the ALSA on 01/29/2024.

Observation of the agency's security cameras with the Executive Director on 02/16/2024 at 12:20 PM, identified on 01/28/2024 Client #1 ambulated to his/her apartment at 09:46 AM with no visible injuries and remained alone in the apartment without ALSA staff entering until 11:50 AM. ALSA aide #1 and #2 entered the doorway of the Client's apartment and immediately left the apartment to get LPN #1 to assess Client #1's injuries.

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Interview and review of Client #1's hourly safety check logs from December of 2023, and January of 2024 with the Executive Director on 02/16/2024 at 12:50 PM, identified the agency failed to ensure the ALSA aides consistently performed hourly safety checks on each shift and on the morning of 01/28/2024. Additionally, the ALSA failed to perform a follow up RN assessment and update the service plan based on a change in Client #1's condition.

Review of the agency's Client Assessment policy identified client assessments would be performed by the Supervisor of Assisted Living Services Agency (SALSA) or RN Designee. Each client would be reassessed on an ongoing basis. The care services would be adjusted when indicated by the reassessment outcomes. The reassessments include evaluation of current problems or needs and the client's response to care. Clients would be reassessed as often as necessary based on the client's condition, but no less frequently than every one-hundred and twenty days and prompt action when a change in the client's condition would require a change in the client's service program and when a client has been discharged from an acute care setting.

Plan of Correction for Violation #1: