STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING AND INVESTIGATIONS SECTION

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity	*Signature of FLIS Staff*	
Sturges Ridge of Fairfield	**Jennifer Green, RN**	**Nurse Consultant**
448 Mill Plain Rd., Fairfield, CT 06824		

Licensure Category: ALSA Census: 96 Capacity: 100
Memory Care/Traditional

Date(s) of onsite inspection: 10/15/2025

Date(s) additional information obtained: 10/16/2025

Personnel contacted: ED: Clare Scully ; SALSA: Erle Gerangaya, RN
cscully@benchmarkquality.com

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[X] Licensing Inspection [] *Initial* [X] *Renewal* [ ] *Other (e.g.strikes)*: _____

[] Visit **OR** Revisit for the purpose of

[ ] See Complaint Investigation #

[X] Violations of the General Statutes of Connecticut and/or regulations of Connecticut State Agencies were identified at the time of this inspection. See attached violation letter dated 11/12/25.

[ ] Desk Audit _____ [ ] Amended Letter: _____Original Ltr_____

[ ] Citation # _____ was issued to this facility as a result of this inspection.

[] Violations of the General Statutes of Connecticut and/or the regulations of Connecticut State Agencies **were not** identified at the time of this inspection.

[ ] Citation # _____was/was not verified as corrected. See attached narrative report.

[ ] Narrative report/additional information attached.

[ ] See Certification File.

[ ] Referral(s) to _____

[X] Verification of Alzheimer's special care units or programs or [ ] Not applicable
[X] Part-time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

REPORT SUBMITTED BY: Jennifer Green RNC DATE OF REPORT: 10/15/2025

[X] Approval for issuance of license granted by: Judy Birtwistle, SNC **DATE:** 10/15/25

11/26/25
approved poc/bcb

November 12, 2025

Clare Scully, Administrator
Sturges Ridge of Fairfield
448 Mill Plan Road
Fairfield, CT 06824-5048
Via Email: Cscully@benchmarkquality.com

Dear Ms. Scully:

An unannounced visit was made to Sturges Ridge of Fairfield on October 15, 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 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 November 22, 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 violations and you may be provided with the opportunity to be heard. If the violations are not responded to by November 22, 2025 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

Please return your response to the Supervising Nurse Consultant via email at Judith.Birtwistle@ct.gov or right fax number 860-622-2655. 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.

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

Judith Birtwistle, RN, SNC

Judith Birtwistle, RN
Supervising Nurse Consultant
Facility Licensing & Investigations Section

JB:brc

c. VL

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 (d) Governing Authority of an assisted living services agency (4)(A) and/or (g) Supervisor of assisted living services (2) (A) (B) and/or (i) Assisted living aide services provided by an assisted living services agency (5) and/or (k) Client Service Record (2) (H) (vii).

1. Based on clinical record review, agency policies, and interview for 2 of 3 client records reviewed (Client #2 and Client #3), the Assisted Living Services Agency (ALSA) failed to ensure completion of 120-day supervisions of the Assisted Living Services Agency (ALSA) aides to ensure ongoing competence in accordance with a state regulation and facility policy. The findings include:

a. Client #2 was admitted to the ALSA program on 12/30/2022, resided in traditional assisted living and had diagnoses that included cerebellar ataxia (movement disorder caused by brain damage), hypertension (elevated blood pressure), and Parkinson's disease (progressive neurological disorder).

Client #2's service plan dated 7/31/2025 identified Client #2 required assistance of 1 ALSA aide for transfers, bathing, and dressing.

Review of Client #2's clinical record identified the ALSA aide supervision dated 7/16/2025 indicated Client #2's service plan was reviewed with ALSA aide #6 by Registered Nurse (RN) #3.

The completed ALSA aide supervision failed to identify which of Client #2's tasks from the service plan RN #3 observed ALSA aide #6 perform, failed to document the results of ALSA aide #6's performance of the task and failed to document Client #2's satisfaction with the services provided.

b. Client #3 was admitted to the ALSA program on 12/3/2024, resided in traditional assisted living and had diagnoses that included depression, atrial fibrillation (heart rhythm disorder), and congestive heart failure (the heart cannot pump blood effectively enough to meet the needs of the body). Client #3's service plan dated 10/10/2025 identified Client #3 required assistance of 1 ALSA aide for bathing and dressing.

Review of Client #3's clinical record identified supervision with ALSA aide #7 dated 10/8/2025 indicated Client #3's service plan was reviewed with ALSA aide #7 by Registered Nurse (RN) #3.

The completed ALSA aide supervision evaluation failed to identify which tasks from the service plan RN #3 observed being performed by ALSA aide #7, failed to identify the results of ALSA aide #7's performance of that task, and failed to identify Client #3's satisfaction with the services provided.

Review of the Registered Nurse Supervision of Assisted Living Aides policy directed, in part, supervision of the aides was completed every 120 days at the time of the resident re-assessment. The policy directed completion of this supervision will be indicated by documentation on the Aide Documentation Sheet and/or in the resident record. The policy directed that documentation will include at a minimum the date the aide supervision was performed, the name of the aide supervised, the task observed being performed, a statement as to the aide's performance of the task, a statement as to the resident's satisfaction with services provided, and signature and date by the nurse performing the aide supervision.

Plan of Correction for Violation #1:

(see attached)

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 (d) Governing Authority of an assisted living services agency (4)(A)(F) and/or (g) Supervisor of assisted living services (2) (A) (B) and/or (h) (1)(3) (B) and/or (i) Assisted living aide services provided by an assisted living services agency (5) (B) and/or (k) Client Service Record (2) (H) (vii) (L).

2. Based on clinical record review, agency policies, and interview for 1 of 3 clients (Client #1) reviewed for safety checks, the Assisted Living Services Agency (ALSA) failed to ensure completion of hourly safety checks per Client #1's service plan dated 8/28/2025 and failed to develop a policy for implementation/management of safety checks for the ALSA memory care unit.

a. Client #1 was admitted to the ALSA program on 8/23/2021, resided on the memory care unit as of 7/29/2025 and had diagnoses that included dementia (decline in cognitive function), diabetes (disease affecting the body's use of

glucose(sugar) for energy), and chronic obstructive pulmonary disease (lung disease with swelling and narrowing of the airways making it difficult to breathe).

Client #1's service plan dated 8/28/2025 identified Client #1 required assistance of 1 ALSA aide for transfers, bathing, and dressing.

Client #1's service plan further identified he/she was to receive hourly safety checks on the memory care unit 7:00 PM to 7:00 AM for safety awareness and to maintain a safe environment.

Review of the ALSA aide documentation dated 10/1/2025 through 10/14/2025 failed to identify documentation of completion of hourly checks per the 8/28/2025 service plan.

Interview and review of the clinical record with the SALSA on 10/15/2025 at 3:50 PM identified the service plan entry for hourly safety checks had been automatically populated into the service plan upon Client #1's move into the memory care unit on 7/29/2025, but that the ALSA nursing staff at the facility do not complete hourly safety checks. Review of the electronic medical record program used by the ALSA aide's on their tablet verified that hourly safety checks was included in Client #1's service plan but there was not a prompt for the ALSA aides to document the safety checks. The SALSA identified hourly checks was a corporate requirement for their facilities in another state and was not a requirement for Connecticut facilities. The SALSA identified he had not seen the verbiage for hourly safety checks in Client #1's service plan and that now that he was aware it was in the service plan he planned to remove it.

Email communication with the SALSA on 10/16/2025 identified the facility did not have a current policy for safety checks in the memory care unit.

Plan of Correction for Violation #2:

(see attached)

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 (d) Governing Authority of an assisted living services agency (4)(A)(F) and/or (f) Personnel policies for an assisted living services agency (C)and/or (g) Supervisor of assisted living services (2)(C).

3. Based on personnel record review, agency policies, and interview for 3 of 6 employee personnel files reviewed (Assisted Living Services Agency (ALSA) aide #2, ALSA aide #3, and Licensed Practical Nurse (LPN) #1) the ALSA failed to ensure the personnel record contained annual reviews that were printed and signed by the employees upon completion of their annual performance reviews per agency policy.

a. ALSA aide #2's personnel record identified she was a medication aide in the traditional assisted living with a date of hire of 11/28/2017.

Review of the annual review printed 10/15/2025 (per surveyor inquiry) identified ALSA aide #2's annual review dated 1/23/2025 for her employment period of 1/1/2024-12/31/2024 was completed online and signed by the Traditional Care Director and the Executive Director but failed to include a signature from ALSA aide #2.

b. Review of ALSA aide #3's personnel record identified she was a lead aide in the traditional assisted living with a date of hire of 9/8/2020.

Review of the annual review printed 10/15/2025 (per surveyor inquiry) identified ALSA aide #3's annual review dated 1/27/2025 for her employment period of 1/1/2024-12/31/2024 was completed online and signed by the Traditional Care Director and the Executive Director but failed to include a signature from ALSA aide #3.

c. Review of LPN #1's personnel record identified she was a care nurse supervisor in the traditional assisted living with a date of hire of 3/30/2022.

Review of the annual review printed 10/15/2025 (per surveyor inquiry) identified LPN #1's annual review dated 1/23/2025 for her employment period of 1/1/2024-12/31/2024 was completed online and signed by the SALSA and the Executive Director but failed to include a signature from LPN #1.

Interview with the Executive Director and SALSA on 10/15/2025 at 3:25 PM identified employee annual reviews were completed in an online software program which did not require the signature of the employee upon completion of the review process. The Executive Director identified there was a box online that the reviewer would check off when they went over the review with the employee. The Executive Director identified the online program was intended to streamline the review process and decrease the need for printed documents, and she was unable to identify how to show the employee had acknowledged receipt of and was in agreement with the review.

The Talent Review policy dated 10/2010 directed, in part, every associate's job performance shall be reviewed annually. The policy directed that the talent review was completed by the reviewer, then printed out and handed to the associate under review. The policy directed that the associate under review must sign and date the review to acknowledge it's receipt. The policy directed at the conclusion of the talent review session, both the associate under review and the reviewer must sign and date the form to acknowledge agreement. The policy further identified the signed talent review form shall be placed in the associate personnel file.

Plan of Correction for Violation #3:

(see attached)

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 (e) General requirements for an assisted living services agency (1) and (g) Supervisor of assisted living services (2) (A) (B) and (i) Assisted living aide services (3) and (m) Client's bill of rights and responsibilities (5).

4. Based on clinical record review, facility documentation, agency policies, and interview for 1 of 3 clients (Client #1), the Assisted Living Services Agency (ALSA) failed to ensure professional standards of conduct were maintained to prevent unwelcome contact by a staff member for a resident with cognitive decline.

a. Client #1 was admitted to the ALSA program on 8/23/2021, resided on the

memory care unit as of 7/29/2025 and had diagnoses that included dementia (decline in cognitive function), diabetes (disease affecting the body's use of glucose(sugar) for energy), and chronic obstructive pulmonary disease (lung disease with swelling and narrowing of the airways making it difficult to breathe).

Client #1's service plan dated 8/28/2025 identified Client #1 required assistance of 1 ALSA aide for transfers, bathing, and dressing.

Review of a Mandated Reporter Form for Long Term Care Facilities dated 8/25/2025 identified on 8/24/2025 Client #1 alleged a staff member had approached and then touched him/her from behind on the front chest area during an entertainment program and he/she "felt violated." The form identified the staff member was put out on leave pending the investigation of the allegation.

Review of Licensed Practical Nurse (LPN) #2's statement, obtained by the agency and dated 8/24/2025 identified on 8/24/2025 at 5:00 PM she had received a call from Person #1 stating that prior to the entertainment event Client #1 was touched inappropriately by Programming Assistant (Pro Asst) #1 without Client #1's consent.

Review of an agency obtained statement by LPN #1 and dated 8/24/2025 identified she had been contacted by LPN #2 who relayed the conversation with Person #1. The statement identified LPN #2 contacted the SALSA immediately and then went to check on Client #1. The statement identified Client #1 told LPN #2 that Pro Asst #1 had touched him/her inappropriately on his/her left chest area between 3:00 PM-4:00 PM. The statement identified Client #1's private duty aide (PDA) was present but she did not witness the incident. The PDA told LPN #2 she had witnessed Client #1 call Person #1 and while crying had said he/she was touched on the chest.

Review of an agency obtained statement dated 8/25/2025 by Pro Asst #1 identified she had provided activities with the residents on 8/24/2025, had conducted a game of Bingo which Client #1 attended and seemed happy. Pro Asst #1's statement identified after Bingo the residents had a snack and Client #1 became agitated and expressed the desire to go back to his/her room. Pro Asst #1's statement identified she had tried to redirect Client #1 by talking about the concert that was coming up, but Client #1 continued to insist on going back to his/her room. Pro Asst #1's statement identified she had brought Client #1 back over to the table and said he/she needed to wait for an aide. Pro Asst #1's

statement identified Client #1 began pulling on his/her oxygen so Pro Asst #1 asked ALSA aide #1 to assist. Pro Asst #1's statement identified ALSA aide #1 removed Client #1 from the art room and brought Client #1 to the dining room for the concert. Pro Asst #1's statement identified she had been present during the concert taking pictures and videos, and towards the end of the concert she had gone behind Client #1 to apologize for what happened earlier because she knew Client #1 was upset, and then she had hugged Client #1 from behind at which point Client #1 said "Get off of me." and "I want nothing to do with you."

Review of am agency obtained statement by the Executive Director and SALSA dated 8/26/2025 identified they had visited Client #1 to ask him/her to tell them what had happened during the entertainment that made him/her so upset. The statement identified Client #1 told them he/she was enjoying the concert when all of a sudden someone came out of nowhere behind him/her and "felt him/her up." The statement identified Client #1 said it had happened really fast and then he/she saw Pro Asst #1 walk across the front of the room and he/she knew it had been Pro Asst #1. The statement identified Client #1 was very upset and emotional talking about the incident and that he/she told them Pro Asst #1 was very fond of him/her but that the feeling wasn't mutual, and Client #1 became upset and that he/she never expected that to happen to him/her.

Review of the New Hire Orientation Checklist for Pro Asst #1 dated 10/1/2024 identified she had completed General Orientation which included Elder Abuse, Neglect, and Financial Exploitation education, and Dementia/Cognitive Impairment Specific Training.

Review of the New Hire Orientation Checklist for Pro Asst #1 dated 10/2/2024 identified she had completed Dementia Specific Training which included reinforcement of the Physical Approaches to Positive Connections (education in dementia care with key components that include: approach from the front and acknowledge personal space).

Review of Pro Asst #1's online education transcript identified on 4/23/2025 she had successfully completed education on Sexuality and Persons with Dementia and Preventing Adverse Reactions to Dementia Care.

Review of the Complaint Log Form dated 8/24/2025 identified an email had been received from Person #1 indicating Pro Asst #1 had put her hands on Client #1's chest and rubbed it. The form identified an investigation was initiated, the police were called and the conclusion of the investigation determined that

although there were no witnesses to the incident, Client #1 believed it did occur and he/she felt very uncomfortable. The form identified the resolution was termination of Pro Asst #1.

Interview with the SALSA on 10/15/2025 at 11:50 AM identified Client #1 had recently moved to the memory care unit from the traditional assisted living and was still getting acclimated to his/her new surroundings. The SALSA identified the incident happened on the weekend and he was called when Person #1 had called and told the nurse Client #1 had been violated by Pro Asst #1. The SALSA identified the Department of Social Services (DSS) had been notified and came out to investigate. The SALSA identified Pro Asst #1 was an affectionate person and she had approached Client #1 from behind and hugged him/her. The SALSA identified the police had been notified and a report was filed, a Registered Nurse assessment was completed with no injury noted, and Client #1 was seen by Hospice and the Mental Health group following the incident. The SALSA further identified Pro Asst #1 had been terminated following completion of the investigation.

Interview with the Executive Director on 10/15/2025 at 12:50 PM identified Pro Asst #1 had hugged Client #1 from behind and Client #1 had not appreciated the contact and as a result felt afraid and violated. The Executive Director identified the police had been called, and someone from the DSS had come out to evaluate. The Executive Director further identified that Pro Asst #1 had been terminated as a result of the incident and that although the investigation had determined the act was not harmful, Client #1 and Person #1 felt otherwise so the ALSA had chosen to act in Client #1's best interest.

Review of the Abuse, Neglect, and Exploitation Prohibition and Prevention Program policy directed, in part, abuse is a willful infliction of injury with resulting physical harm, pain, or mental anguish. The policy directed that willful means the individual acted deliberately, not that the individual intended to inflict harm or injury. The policy directed the community maintains an abuse-prevention training program and dementia management. The policy directed in responding to an allegation of abuse, the priority is to protect the resident and prevent further potential abuse. The policy directed all allegations of abuse are promptly investigated and a conclusion is documented after completion of the investigation.

Plan of Correction for Violation #4:

(see attached)

The following is a violation of Public Act No. 21-185, Section 7 and Public Act No. 23-48, Section 8, **On or before January 1, 2024, encourage and assist in the establishment of a family council in managed residential communities offering assisted living services and/or the Regulations of Connecticut State Agencies Section D19-13-D105 (c) Managed residential communities served by assisted living services agencies (5)(B)(iv) and/or (d) Governing authority of an assisted living services agency (4)(A)(F).**

5. Based on review of facility documentation, agency policies, and staff interview, the Assisted Living Services Agency (ALSA) failed to periodically notify families of the ability for the ALSA community to have family councils per regulation of the General Assembly Public Act.

a. Review of an email dated 1/5/2024 from the Executive Director to the ALSA family members identified that there was a new state law regarding the ability for the ALSA community to have family councils. The email identified the family council would be a self-determined group of family members and friends that could meet regularly to discuss various topics and opportunities regarding the ALSA community. The email further identified anyone interested in forming a council could contact her for assistance in setting one up.

Interview with the Executive Director on 10/15/2025 at 12:45 PM identified that the ALSA did not have a family council. The Executive Director identified she had sent an email out to all families on 1/5/2024 with information on what a family council was and that anyone interested in setting one up could contact her for assistance. The Executive Director identified she had only gotten one response requesting to set up a family council from a family member who was out of state and that resident is no longer in the ALSA community. The Executive Director identified that she has had several new residents since sending that email on 1/5/2024, but that she has not sent an email out or contacted family members since 1/5/2024 to offer the current families the same opportunity because the response had been so low that first time.

Subsequent to surveyor inquiry, the Executive Director further identified that she would formulate a plan to send an email yearly offering assistance with setting up a family council for any interested family members.

Review of the Residents' Rights policy directed, in part, the facility will protect and promote residents' rights. The policy directed a formation of a resident council will be encouraged but not mandated. The policy further directed, family

councils may also be established, and family members may attend some or all resident council meetings.

Plan of Correction for Violation #5:

(see attached)

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Sturges Ridge
OF FAIRFIELD

Clare Scully
Executive Director
Sturges Ridge of Fairfield
448 Mill Plain Rd
Fairfield, CT 06824
cscully@benchmarkquality.com
203.774.9740

11/20/2025

Department of Public Health
Facility Licensing and Investigations Sectionjbirtwistle@ct.gov
Supervising Nurse Judith Birtwistle, RN

Re: **Plan of Correction Submission**
Facility: *Sturges Ridge of Fairfield*
Investigation Date: *October 15, 2025*
Investigator: *Department of Public Health, Facility Licensing and Investigations Section*

Dear Judith Birtwistle, RN:

On behalf of Sturges Ridge of Fairfield, I am submitting our Plan of Correction in response to the noncompliance findings from the Department of Public Health's unannounced visit on October 15, 2025.

The facility has reviewed each cited item and developed corrective actions to address the findings, implement necessary remediation, and ensure sustained compliance.

The enclosed Plan of Correction is organized according to each cited area. We value our collaboration with the Department of Public Health and are available to provide any additional information or documentation needed.

Thank you for your time, review, and continued support.

Sincerely,

Clare Scully

Executive Director

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 (i) Assisted Living aide services (3) and (m) Client bill of rights and responsibilities (5)	following the conclusion of the investigation into the incident. All associates of Sturges Ridge of Fairfield will be re-educated on Policy: Abuse, Neglect, and Exploitation Prohibition and Prevention Program ADM-100-41 As well as be re-educated on the Assisted Living Services Agency Clients' Bill of Rights and the MRC Residents' Bill of Rights.		training on resident rights and abuse prevention in accordance with established policies and regulatory requirements. The plan will be reviewed at the next 120 day Quality Assurance Meeting	
Section D19-13-D105 © Managed residential communities served by assisted living services agencies (5)(B)(iv) and/or (d) Governing authority of an assisted living services agency (4)(A)(F)	The community will proactively and regularly inform families about their right to establish Family Councils within the ALSA community, as outlined by regulation. Another letter was sent out electronically to family contacts reminding them of this. It was added to the Benchmark Senior Living Resident Handbook and it will be consistently included as a standing item during the monthly Resident Council meetings to ensure ongoing awareness and engagement.	11/22/25	The plan will be reviewed at the next 120 day Quality Assurance Meeting	Executive Director

Section D19-13-D105(d)Governing Authority of an assisted living services agency (4)(A) and/or (g)Supervisor of assisted living services (2) (A)(B) and/or (i)Assisted living aide services provided by an assisted living services agency (5) and/or (k) Client Service Record (2)(H)(vii)(L)	The resident was reassessed, and their care plan updated to accurately reflect all ADL and safety needs. Determined hourly checks was not a required intervention. Residents in Mind and Memory unit will be re-assessed for the need for hourly checks by the Registered nurse. And care plans will be updated accordingly and accurately reflect care needs. Residents are monitored per the standing wellness checks as outlined through the "I'm Okay" Program Policy ADM-100-12F1. (The I'm ok" reference can stay or go, I'm impartial to it)	11/22/2025	Care plans and ADL documentation of Mind and Memory residents will be reviewed to ensure accuracy of care needs and ADL documentation. 5% of resident records will be audited weekly for 4 weeks, then 10% monthly for two months. The plan will be reviewed at the next 120-day Quality Assurance Meeting	SALSA or Designated RN
Section D19-13-D105(d)Governing Authority of an assisted living services agency (4)(A)(F) and/or (f) Personnel policies for an assisted living services agency (C) and/or(g)Supervisor of an assisted living services (2)(C)	A comprehensive audit of all associates' personnel files will be conducted to ensure the personnel records contained annual reviews that are printed and signed by the employees upon completion of the annual performance reviews.	12/20/25	The plan will be reviewed at the next 120 day Quality Assurance Meeting. Ongoing annual reviews will be completed in accordance with company policy.	Executive Director
Section D19-13-D105(d)Governing	The associate involved was terminated from employment	11/22/25	The community will continue to provide mandatory in-service	SALSA or Designated RN

BENCHMARK
Connecting to what matters

State of Connecticut Department of Public Health

Plan of Correction

Sturges Ridge of Fairfield

October 15, 2025

The filing of this Plan of Correction does not constitute any admission regarding the alleged violations. The plan of correction is filed in compliance with applicable law and is evidence of the agency's continued commitment to quality care

Alleged Violation (Regulation of Connecticut State Agencies)	Measures implemented to prevent the Recurrence identified issue	Date of Corrective Measures	Community to monitor its quality assessment and performance improvement to ensure that the corrective measure or systematic change is sustained	Person responsible for ensuring compliance with Plan of Correction
Section D19-13-D105(d)Governing Authority of an assisted living services agency (4)(A) and/or (g)Supervisor of assisted living services (2) (A)(B) and/or (i)Assisted living aide services provided by an assisted living services agency (5) and/or (k) Client service record (2)(H)(vii)	Registered Nurse staff will be re-educated on the requirements for completing the 120-day supervisions of Assisted Living Services Agency (ALSA) aides to ensure ongoing competency in accordance with state regulations and facility policy.	11/22/2025	Complete weekly audits of 5% of resident records for 4 weeks, then conduct monthly audits of 10% for two months. The plan will be reviewed at the next 120-day Quality Assurance Meeting	SALSA or Designated RN