CONNECTICUT

Department of Public Health

HEALTHCARE QUALITY AND SAFETY BRANCH

POC approved
5/7/26
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April 29, 2026

Monica Morgan , Executive Director
Cottage At Litchfield Hills, The
376 Goshen Road
Torrington, CT 06790
Via Email: mmorgan@cottagelitchfield.com

Dear Ms. Morgan:

An unannounced visit was made to Cottage At Litchfield Hills, The on April 13, 2026 by a representativ of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an 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 May 9, 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.

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Public Health

Phone: (860) 509-7400 • Fax: (860) 509-7543
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410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
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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 May 9, 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 860-622-2655. 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.

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
Supervising Nurse Consultant
Facility Licensing and Investigations Section

ETH:eg:

c. VL
Complaint #46203

The Cottage at Litchfield Hills CT#46203 EID 4/13/2026

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

1. Based on review of clinical records, review of agency documentation, and interviews with agency personnel for eleven of eleven clients (Client #1 through #11) in the survey sample who were serviced by the Assisted Living Services Agency (ALSA), the agency failed to ensure an agency staff member adhered to the agency Standard of Conduct and Performance, failed to follow clients' service plans, and failed to ensure clients' rights. The findings include:
    a. Client #1 was admitted to the ALSA on 12/30/2025, resided in the secure memory care unit with diagnoses of cognitive impairment, insomnia, hypertension, and osteoporosis. The Client's 120-day nursing assessment and service plan identified the Client required nursing assessments and medication administration by a nurse. Additionally, Client #1 required ALSA aide assistance with grooming, bathing, dressing, and hourly safety checks related to elopement risk.

    b. Client #2 was admitted to the ALSA on 02/28/2025, resided in the secure memory care unit with diagnoses of dementia, anxiety, and osteoarthritis. The Client's 120-day nursing assessments and service plan identified the Client required nursing assessments and medication administration by a nurse. Additionally, Client #2 required ALSA aide assistance with grooming, bathing, dressing, toileting, and hourly safety checks related to elopement risk.

    c. Client #3 was admitted to the ALSA on 01/06/2025, resided in the secure memory care unit with diagnoses of dementia, coronary artery disease, and low back pain. The Client's 120-day nursing assessment and service plan identified the Client required nursing assessments and medication administration by a nurse. Additionally, Client #3 required ALSA aide assistance with grooming, bathing, dressing, toileting, and hourly safety checks related to elopement risk.

    d. Client #4 was admitted to the ALSA on 12/28/2022, resided in the secure memory care unit with diagnoses of Alzheimer's disease, dementia, type II diabetes and hypertension. The Client's 120-day nursing assessment and service plan identified the Client required nursing assessments and medication administration by a nurse. Additionally, Client #4 required ALSA aide assistance with grooming, bathing, dressing, toileting, incontinence care and hourly safety checks related to elopement risk.

    e. Client #5 was admitted to the ALSA on 01/07/2024, resided in the secure memory care

unit with diagnoses of cognitive impairment, hypertension, and abnormal gait. The Client's 120-day nursing assessment and service plan identified the Client required nursing assessments and medication administration by a nurse. Additionally, Client #5 required ALSA aide assistance with grooming, bathing, dressing, toileting, incontinence care and hourly safety checks related to an elopement risk.

f. Client #6 was admitted to the ALSA on 06/15/2023, resided in the secure memory care unit with diagnoses of dementia, atrial fibrillation and hypertension. The Client's 120-day nursing assessment and service plan identified the Client required nursing assessments and medication administration by a nurse. Additionally, Client #6 required ALSA aide assistance with grooming, bathing, dressing, toileting, and hourly safety checks related to an elopement risk.

g. Client #7 was admitted to the ALSA on 01/08/2025, resided in the secure memory care unit with diagnoses of dementia, hypertension and cardiac disease. The Client's 120-day nursing assessment and service plan identified the Client required nursing assessments and medication administration by a nurse. Additionally, Client #7 required ALSA aide assistance with grooming, bathing, dressing, toileting, incontinence care and hourly safety checks related to elopement risk.

h. Client #8 was admitted to the ALSA on 09/2025, resided in the secure memory care unit with diagnoses of dementia and cardiac disease. The Client's 120-day nursing assessment and service plan identified the Client required nursing assessments and medication administration by a nurse. Additionally, Client #8 required ALSA aide assistance with grooming, bathing, dressing, toileting, and hourly safety checks related to an elopement risk.

i. Client #9 was admitted to the ALSA on 10/31/2022, resided in the secure memory care unit with diagnoses of cognitive impairment, hypertension and lymphedema. The Client's 120-day nursing assessment and service plan identified the Client required nursing assessments and medication administration by a nurse. Additionally, Client #9 required ALSA aide assistance with bathing, dressing and hourly safety checks related to elopement risk.

j. Client #10 was admitted to the ALSA on 10/24/2022, resided in the secure memory care unit with diagnoses of vascular dementia, chronic kidney disease, and chronic obstructive pulmonary disease. The Client's 120-day nursing assessment and service plan identified the Client required nursing assessments and medication administration by a nurse. Additionally, Client #10 required ALSA aide assistance with bathing and hourly safety checks to ensure his/her safety.

k. Client #11 was admitted to the ALSA on 10/05/2023, resided in the secure memory care unit with diagnoses of Alzheimer's disease, cognitive disorder, pre-diabetes and hypertension. The Client's 120-day nursing assessment and service plan identified the Client required nursing assessments and medication administration by a nurse. Additionally, Client #11 required ALSA aide assistance with grooming, bathing, dressing, toileting, incontinence care and hourly safety checks related to elopement risk. Review of Client #1 through #11's care log, identified ALSA aide #1 had documented performing hourly safety checks from 12:00 AM to 05:00 AM on the 03/26/2026 to 03/27/2026 shift.

Review of an agency investigation dated, 3/27/26 identified that ALSA aide #1 was assigned on the overnight shift on 3/27/26 12:00AM to 5:00AM to provide care and supervision for eleven (11) clients residing in the secure memory care unit. At approximately 05:29 AM on 03/27/2026, the Director of Maintenance observed ALSA aide #1 asleep in a chair near the fireplace of the memory care unit while on duty. The aide was immediately directed to leave the agency/building and was subsequently terminated on 03/27/2026. Further review of security camera footage by the Executive Director revealed that ALSA aide #1 remained in the memory care living room (common area) for extended periods (12:52 AM-02:00 AM and 03:48 AM-05:29 AM) and failed to perform required hourly safety checks or document client care in real time. All eleven (11) were assessed by a Registered Nurse (RN) on 03/27/2026. No adverse outcomes were identified. The clients' physicians, responsible parties, and appropriate state agencies were notified.

Interview with the Executive Director on 04/13/2026 at 12:00 PM, identified ALSA aide #1 was assigned to care for and supervise eleven (11) clients in the secure memory care unit during the overnight shift of 3/26 to 3/27/26. The Executive Director stated that ALSA aide #1 was observed by facility staff, and on the facility video surveillance recording asleep during the shift, that resulted in ALSA Aide #1 not providing the required supervision, hourly safety checks and care as ordered by the clients' service plan and in accordance with the agency's policies, and failed to ensure the complete, accurate, and in "real time" documentation within the clients clinical record.

Review of the agency's Code of Conduct policy, identified that sleeping while on duty was absolutely prohibited. Associates who violated this policy would be subject to disciplinary action up to and including termination. The associate could choose to sleep during an approved break period (and clocked out). This should not be in the common areas of the community or in a client's apartment.

Review of the agency's Neglect policy identified neglect was defined as deprivation of medical treatment, food, heat, clothing, comfort or needed services. Neglect may include leaving clients unattended.

Review of the agency's Accurate Documentation policy identified accurate documentation ensures clients are getting the care required.

Plan of Correction to Violation #1:

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Plan of Correction

The Cottage at Litchfield Hills
May 5, 2026
The agency failed to ensure an agency staff member adhered to the agency Standard of Conduct and Performance, failed to follow clients' service plans, and failed to ensure clients' rights. (CT#46203 EID 4/13/26)

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1. Corrective Measures

The facility will implement the following corrective actions to address and prevent recurrence of the identified issue:

- The resident care staff was re-educated on abuse, neglect and exploitation policy.
- Reinforcement of expectations regarding hourly safety checks and real-time documentation.
- Increased supervisory oversight during overnight shifts.
- Ongoing random audits of documentation and staff performance on overnight shifts.
- Review of staffing patterns and accountability measures to prevent reoccurrence.

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2. Implementation

The above corrective measures will be implemented as follows:

- Staff was re-educated beginning April 1, 2026 to April 30, 2026 on abuse, neglect and exploitation policy via additional In Service.
- SALSA and Designee are also reinforcing this policy to staff verbally.
- SALSA and Designee are performing unscheduled drop ins on overnight shift for consistency. These are unannounced and unscheduled on purpose.
- SALSA and Designee are performing audits on CNA charting to ensure it is completed and done in real time.
- Executive Director and Property Director are reviewing camera footage to ensure staff is moving around during their overnight shifts daily.

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3. Monitoring Plan

To ensure ongoing compliance and sustainability, the facility will:

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- SALSA and Designee will continue to perform unscheduled and unannounced visits during the overnight shift on a monthly basis to ensure compliance with our Standards of Conduct policy.
- Staff education will continue to be included in new hire orientation as it always has been.
- SALSA and Designee will continue to track trends and identify any need for further intervention.
- SALSA and Designee will report all non-compliant staff members to the Executive Director, our zero-tolerance policy for neglect of a resident will continue to be our standard.
- Implement additional corrective actions if compliance falls below acceptable thresholds

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4. Responsible Party

The Executive Director, SALSA and Designee are responsible for ensuring compliance with this Plan of Correction: