THE RESIDENCE at Glastonbury

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Accepted 9/1/26

8/31/2026

E Heiney SNC

Elizabeth Heiney, BS., RN., BC.

Facility and Licensing Investigations Section

State of Connecticut

Department of Public Health

Dr Ms. Heiney,

The following plan of correction is being submitted on behalf of The Residence at Glastonbury in response to an unannounced visit by your department on August 6, 2026 for the purpose of conducting an investigation. Your department has found the following violation of the Regulations of Connecticut Sate Agencies Section 19-13-D105 (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(h)Nursing Services provided by an assisted living services agency (3) (D) (4) (A) (G) and (m) Client Bill of Rights and Responsibilities to be free from harm (5).

Based on review of clinical records, agency documentation, and staff interviews for one of one client reviewed (Client #1), the agency failed to ensure client's rights, failed to follow the agency medication policy, and physician's orders and failed to provide supervisory oversite of nursing staff.

Plan of correction

(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.

In response to Client #1 was without most prescribed morning/afternoon medications, billing issues, missing 2p medications in the MOT and discarding of medications of existing supply.

(2) Upon identification of the medication error the prior RND, RCD and Nurse Specialist reviewed the physician orders, pharmacy records and current medication supply. A full investigation was initiated and findings reported to Connecticut DPH per regulations.

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The community RN, in collaboration with CT Pharmacy Nurse Consultant, provided education to all licensed nurses regarding medication management and nursing responsibilities. Education included nursing documentation requirements, medication reconciliation and verification, identification and timely reporting of missing or unavailable medications, notification to the Physician and Registered Nurse when a medication discrepancies occur, medication safety, the medication administration rights, accurate use of the E-MAR/MOT, and appropriate identification, documentation and follow-up of medication omissions. Education dates ranged from 5/14/2026 to 6/10/2026.

(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.

The Quality Assurance and Performance Improvement (QAPI) process will monitor medication management practices to identify trends, ensure compliance, and prevent reoccurrence of medication related deficiencies.

Monthly medication box audits will be completed on a random 10% sample of residents receiving medication administration services, with each medication compared against the resident's current physician orders and E-MAR/MOT. In addition to CT Pharmacy consultant bi-monthly verification.

The community RCD/RND, in collaboration with the CT Pharmacy Nurse Consultant and licensed nurses, will review audit findings and identify any medication discrepancies, omissions, documentation concerns, or trends. Any discrepancies identified during the audit process will be addressed promptly.

(4) The title of the institution's staff member that is responsible to ensuring the institution's compliance.

Deb Bartosiewicz, RN, Resident Care Director

Brad Rolph, Executive Director

Joisse Nyarko, RN, Registered Nurse Designee

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Sincerely,

Brad Rolph
Executive Director, The Residence at Glastonbury

Deb Bartosiwicz
RN, Resident Care DIrector