CONNECTICUT

Department of Public Health

HEALTHCARE QUALITY AND SAFETY BRANCH

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Accepted
7/13/26 - mes

July 1, 2026

Jaclyn Thibodeau-DaSilva, Executive Director
The Cascades
13 Parklawn Drive
Bethel, CT 06801
Via E-mail: Jthibodeau@nathealthcare.com

Dear Ms. Thibodeau-DaSilva:

An unannounced visit was made to The Cascades on June 2, 2026 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 July 11, 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.

CONNECTICUT
Public Health

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
Affirmative Action/Equal Opportunity Employer

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 July 11, 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 860-509-7543. 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.

Elizabeth T. Heiney, BS, RN, BC
Supervising Nurse Consultant
Facility Licensing and Investigations Section

ETH:lst

c. VL
Complaint #46436

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (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 (m) Client Bill of Rights and Responsibilities to be free from harm (1) and/or (5).

1. Based on review of the agency documentation and interviews with agency personnel, the Assisted Living Services Agency (ALSA) failed to maintain the client bill of rights. The findings include:

    a. Review of the Assisted Living Services Agency (ALSA) Client Admission Agreement identified that three (3) nutritionally balanced meals per day are included in the client's basic service rate. Restaurant style dining with menu selections was available. Upon request, waitstaff may assist clients with menu selections and cutting food due to dexterity, or visual impairments. The agreement further stated that clients requiring medically prescribed diets may need private care services for meals within the client's apartment or an advanced level of care.

    Interview with the Executive Director on 06/01/2026 at 11:45 AM, identified that clients may choose to receive meals either in the dining room or in their apartments. If a client elects to dine in their apartment, an ALSA aide will deliver the meal, and the client is charged a meal delivery fee of five dollars per meal. The Executive Director further stated that when a client has a medical condition or returns from a medical leave of absence that temporarily prevents dining in the dining room, meal delivery is provided at no charge for up to 72 hours. After that period, the client is responsible for the applicable meal delivery fee. The Executive Director identified that clients have the right to dine at the location of their choosing but failed to identify that the Admission Agreement disclosed to clients the charge for meals delivered to his/her apartment.

    Review of the ALSA's Clients' Bill of Rights identified clients would be treated with consideration, respect and due recognition of personal dignity, individuality and the need for privacy.

    Subsequent to the surveyor's inquiry, the Executive Director identified that the agency would be updating the client Admission Agreement to reflect the charge for meal delivery.

Plan of Correction to Violation #1:

July 8, 2026

Department of Health
Facility Licensing and Investigations Section
410 Capital Ave, P.O. Box 340308
Hartford, CT 06134

This Plan of Correction is submitted as required by applicable regulations and is intended solely to describe the actions the facility has taken or will take to achieve and maintain compliance. The submission of this Plan of Correction does not constitute an admission of, or agreement with, the findings, allegations, or conclusions contained in the survey report.

Violation #1:

1. Addendum to lease exhibits created and implemented. Residents and/or responsible parties have been notified of the meal delivery service charge addendum. Business office and Nursing staff will be provided education of meal delivery service.
2. Date of corrective measure is in compliance as of July 31, 2026.
3. The Executive Director will audit for compliance, weekly x4 weeks, monthly x3 months, randomly there after until substantial compliance is met.
4. The Health and Wellness Director and Executive Director are responsible for ensuring compliance is met.

Respectfully,

Jaclyn Thibodeau-DaSilva
Executive Director