

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

IN RE: Stonington Behavioral Health, Inc. of New London, CT  
d/b/a Stonington Institute (4 Bed Hospital for Mentally Ill Persons)  
75 Swanton Hill Road  
North Stonington, CT 06359

IN RE: Stonington Behavioral Health, Inc. of New London, CT d/b/a  
d/b/a Stonington Institute (73 Bed Facility for the Care and Treatment of  
Substance Abuse or Dependent Persons)  
75 Swanton Hill Road  
North Stonington, CT 06359

**CONSENT AGREEMENT**

WHEREAS, Stonington Behavioral Health, Inc. d/b/a Stonington Institute (hereinafter the "Licensee"), has been issued separate licenses to operate two different facilities at the same location. Pursuant to Connecticut General Statutes Section 19a-490, the Connecticut Department of Public Health (hereinafter "Department") issued to the Licensee, License No. 0071 to operate a Hospital for Mentally Ill Persons (hereinafter "Facility #1"), and License No. 0298 to operate a Facility for the Care or Treatment of Substance Abusive or Dependent Persons (hereinafter "Facility #2"); and,

WHEREAS, the Facility Licensing and Investigations Section (hereinafter "FLIS") of the Department conducted unannounced inspections on various dates at the address which houses both licensed entities commencing on July 31, 2006 and concluding on August 2, 2006; and

WHEREAS, the Department, during the course of the aforementioned inspections identified significant violations of the Connecticut General Statutes and/or Regulations of Connecticut State Agencies in both Facility #1 and Facility #2; and

WHEREAS, FLIS issued violation letters to the Licensee for each Facility dated August 4, 2006 (Exhibits A and B, copies attached); and

WHEREAS, the Licensee, without admitting any wrongdoing, is willing to enter into this Consent Agreement which shall be applicable to each Licensed Facility and agrees to the conditions set forth herein.

NOW THEREFORE, the FLIS of the Department acting herein and through Joan Leavitt its Section Chief, and the Licensee, acting herein and through William A. Aniskovich, its Chief Executive Officer, hereby stipulate and agree that the Licensee's licenses shall be placed on probation for a period of two years according to the following terms and conditions:

1. The Licensee shall execute a contract with an Independent Nurse Consultant (hereinafter "INC") approved by the Department within two (2) weeks of the effective date of this Consent Agreement. The INC's duties shall be performed by a single individual unless otherwise approved by the Department. The Licensee shall incur the cost of the INC and all other costs necessary to comply with the terms of this Consent Agreement.
2. The INC shall function in accordance with the FLIS' INC Guidelines (Exhibit C, copy attached). The INC shall be a registered nurse who holds a current and unrestricted license in Connecticut and who has clinical experience relative to the care and treatment of persons with substance abuse and mental health and who has knowledge of the federal and state statutes and regulations related to the provision of care under the licenses described above. The registered nurse assuming the functions of the INC shall not be included for purposes of meeting the nurse staffing requirements of the Regulations of Connecticut State Agencies.
3. The INC shall provide consulting services for a minimum of thirty (30) hours per week at both the Facilities unless the Department identifies through inspections that a longer time period is necessary to ensure substantial compliance with applicable federal and state statutes and regulations. The INC shall arrange his/her schedule in order to be present at the Facilities at various times on all three shifts including holidays and weekends. The INC will serve for a minimum of six (6) months. The Department will evaluate the hours of the INC at the end of a three (3) month period and may, in its sole and absolute discretion, reduce or increase the hours of the INC and/or the INC's responsibilities, if the Department determines the reduction or increase is warranted. The terms of the contract executed with the INC shall include all pertinent provisions contained in this Consent Agreement.

4. The INC shall have a fiduciary responsibility to the Department.
5. The INC shall conduct and submit to the Department initial assessments of the Licensees' regulatory compliance at each of the Licensed Facilities and identify areas requiring remediation within two (2) weeks of assumption of the position.
6. The INC shall confer with the Licensee's Administrator, Director of Nursing Services, Medical Director and other staff at each Licensed Facility determined by the INC to be necessary to the assessment of nursing services and the Licensee's compliance with federal and state statutes and regulations.
7. The INC shall make recommendations to the Licensee's Administrator, Director of Nursing Services and Medical Director at each Licensed Facility for improvement in the delivery of direct patient care in the Facilities. If the INC and the Licensee are unable to reach an agreement regarding the implementation of the INC's recommendation(s), the Department, after meeting with the Licensee and the INC shall make a final determination, which shall be binding on the Licensee.
8. The INC shall submit weekly written reports to the Department documenting:
  - a. the INC's assessment of the care and services provided to patients;
  - b. the Licensee's compliance with applicable federal and state statutes and regulations pertinent to the individual Licensed Facility; and
  - c. any recommendations made by the INC and the Licensee's response to implementation of the recommendations.
9. Copies of all INC reports shall be simultaneously provided to the Administrator, Director of Nurses, Medical Director and the Department. The reports shall not be reviewed, modified or approved by the Licensee or staff prior to the reports being submitted to the Department.
10. The INC shall have the responsibility at each of the Licensed Facilities for:
  - a. Assessing, monitoring, and evaluating the delivery of direct patient care with particular emphasis and focus on the delivery of nursing services by registered nurses, licensed practical nurses and mental health workers and implementing prompt training and/or remediation in any area in which a staff member demonstrated a deficit. The INC or the Department shall have the authority to require any training of any individual staff deemed necessary by INC or the Department. Such training shall be conducted by an independent third party

- approved by the Department. Such Records of said training and/or remediation shall be maintained by the Licensee for review by the Department;
- b. Assessing, monitoring, and evaluating the coordination of patient care and services and implementation of master treatment plans (MTPs) by the various health care professionals providing services;
  - c. Recommending to the Department an increase in the INC's contract hours if the INC is unable to fulfill the responsibilities within the stipulated hours per week.
11. The INC, the Administrator, and the Director of Nursing Services from each of the Licensed Facilities shall meet with the Department every six (6) weeks for the first six (6) months after this Consent Agreement is in effect. The meetings shall include discussions of issues related to the care and services provided by the Licensee at each of the Licensed Facilities and the Licensee's compliance with applicable federal and state statutes and regulations.
  12. Any records maintained by the Licensee in accordance with any state or federal law or regulation or as required by this Consent Agreement shall be made available to the INC and the Department, upon request.
  13. The Department shall retain the authority to extend the period the INC functions are required, should the Department determine that the Licensee is not able to maintain substantial compliance at the Licensed Facilities with federal and state laws and regulations. Determination of substantial compliance with federal and state laws and regulations will be based upon findings generated as the result of onsite inspections at the two (2) licensed sites conducted by the Department and/or reports of the INC.
  14. Immediately upon execution of this Consent Agreement, the Director of Nurses at each of the Licensed Facilities shall develop and maintain separate and distinct staffing schedules for nursing and direct care workers for each Licensed Facility based upon applicable state and federal statutes and regulations.
  15. Within fourteen (14) days of the execution of this Consent Agreement the Director of Nurses and applicable professionals of each Licensed Facility shall develop and/or review and revise, as necessary, policies and procedures related to master treatment plans to include, but not limited to, identification of individual patient problems (e.g. psychiatric, medical and social), goals and approaches based upon the comprehensive assessment. All treatment modalities and professional disciplines involved with the

patient during his/her stay shall specify the problems and the approaches they will utilize to attain stated goals.

16. Within twenty-one (21) days of the effect of the Consent Agreement, multidisciplinary staff, at each Licensed Facility, shall be inserviced to the policies and procedures identified in paragraph number 15
17. Effective upon the execution of this Consent Agreement, the Licensee for each Licensed Facility, through its Governing Body, Administrator and Director of Nursing Services, shall ensure substantial compliance with the following:
  - a. Sufficient nursing, direct care workers and clinical professional staff are available to meet the needs of the patients;
  - b. Patient assessments are performed in a timely manner and accurately reflect the condition of the patient;
  - c. Each master treatment plan is reviewed and revised to reflect the individual patient's problems, needs and goals, based upon the patient assessment and in accordance with applicable federal and state laws and regulations;
  - d. Direct Care Staff shall function under the direction of a licensed nurse if the service classification requires a licensed nurse and shall be provided with written assignments that accurately reflect patient needs;
  - e. Each of the Licensed Facilities complies with the professional staffing requirements of the Regulations of Connecticut State Agencies; and
  - f. Individuals identified as Directors of Nurses shall be onsite at the licensed facility location. Additionally, nursing policies/procedures and schedules shall reflect time onsite at the facility.
  - g. The Licensee, within seven (7) days of the execution of this document, shall designate an individual within each Facility to monitor compliance with the requirements of this Consent Agreement including, but not limited to, the items identified in paragraph 17 above. The names of the designated individuals shall be provided to the Department within said timeframe.
18. In accordance with Connecticut General Statute Section 19a-494 (a) (5), the licenses of Facility #1 and Facility #2 are placed on probation for the term of this Consent Agreement.
19. The Licensee shall pay a monetary penalty to the Department in the amount of five thousand dollars (\$5,000.00) for Facility #1 and one thousand dollars (\$1,000.00) for

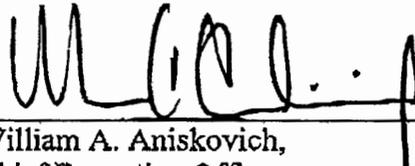
Facility #2 by money order or bank check payable to the Treasurer of the State of Connecticut and mailed to the Department within (2) weeks of the effective date of this Consent Agreement. The monetary penalties and any reports required by this document shall be directed to Ann Marie Montemerlo, Supervising Nurse Consultant for Facility #1 and to Cher Michaud, Supervising Nurse Consultants for Facility #2, at:

Facility Licensing and Investigations Section  
Department of Public Health  
410 Capitol Avenue, P.O. Box 340308 MS #12HSR  
Hartford, CT 06134-0308

20. All parties agree that this Consent Agreement is an Order of the Department with all of the rights and obligations pertaining thereto and attendant thereon. Nothing herein shall be construed as limiting the Department's available legal remedies against the Licensee for violations of the Consent Agreement or of any other statutory or regulatory requirements, which may be sought in lieu of or in addition to the methods of relief listed above, or any other administrative and judicial relief provided by law. This Consent Agreement may be admitted by the Department as evidence in any proceeding between the Department and the Licensee in which compliance with its terms is at issue. The Licensee retains all of its rights under applicable law.
21. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the MFCU or the Bureau Chief of the Department of Criminal Justice's Statewide Prosecution Bureau.
22. The Licensee understands that this Consent Agreement and the terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum including any right to review under the Uniform Administrative Procedure Act, Chapter 368a of the Statutes, Regulations that exists at the time the agreement is executed or may become available in the future, provided that this stipulation shall not deprive the Licensee of any other rights that it may have under the laws of the State of Connecticut or of the United States.
23. The Licensee had the opportunity to consult with an attorney prior to the execution of this Consent Agreement.

WITNESS WHEREOF, the parties hereto have caused this Consent Agreement to be executed by their respective officers and officials, which Consent Agreement is to be effective as of the later of the two dates noted below.

Stonington Behavioral Health, Inc. of New London,  
CT. d/b/a Stonington Institute

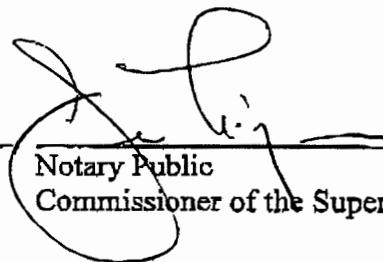
By:   
William A. Aniskovich,  
Chief Executive Officer

STATE OF Connecticut

County of New London

On this 8<sup>th</sup> day of August, 2006, personally appeared the above named Willaim A. Aniskovich and made oath to the truth of the statements contained herein.

My Commission Expires:  
(If Notary Public)

  
Notary Public   
Commissioner of the Superior Court

STATE OF CONNECTICUT,  
DEPARTMENT OF PUBLIC HEALTH

8/8/06  
Date

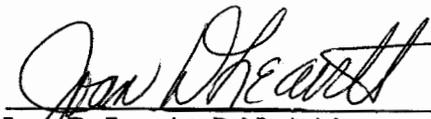
By:   
Joan D. Leavitt, R.N., M.S., Section Chief  
Facility Licensing and Investigations Section

Exhibit A



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

August 4, 2006

William Aniskovich, CEO  
Stonington Institute  
75 Swantown Hill Road  
North Stonington, CT 06359

Dear Mr. Aniskovich:

Unannounced visits were made to Stonington Institute's Hospital for Mentally Ill Persons, 75 Swantown Hill Road, North Stonington, CT on July 31 and August 1 and 2, 2006 by representatives of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a licensure renewal inspection and a complaint 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 visits. However, additional violations from this visit may follow.

An office conference has been scheduled for August 10, 2006 at 2:00PM in the Facility Licensing and Investigations Section of the Department of Public Health, 410 Capitol Avenue, Second Floor, Hartford, Connecticut. Should you wish legal representation, please feel free to have an attorney accompany you to this meeting.

Please prepare a written Plan of Correction for these violations to be presented at this conference.

Each violation must be addressed with a prospective Plan of Correction which includes the following components:

1. Measures to prevent the recurrence of the identified violation, (e.g., policy/procedure, inservice program, repairs, etc.).
2. Date corrective measure will be effected.
3. Identify the staff member, by title, who has been designated the responsibility for monitoring the individual plan of correction submitted for each violation.

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

Respectfully,

*Ann Marie Montemerlo / JMW*  
Ann Marie Montemerlo, RN  
Supervising Nurse Consultant  
Facility Licensing and Investigations Section

AMM:CM:zbj

c. Director of Nurses  
vl.stonington



Phone:  
Telephone Device for the Deaf: (860) 509-7191  
410 Capitol Avenue - MS # \_\_\_\_\_  
P.O. Box 340308 Hartford, CT 06134

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DATES OF VISITS: July 31, 2006 and August 1 and 2, 2006

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT  
STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES  
WERE IDENTIFIED

The following are violations of Section 17-227-14c Management C and/or D and/or Section 17-227-14g Nursing A and/or D(1) and/or D(2) and/or Section 17-277-14i Personnel A and/or Section 17-227-14j Component Services A and/or Section 17-227-14m Patient Records B.

1. Two entities separately licensed by the Department of Public Health, e.g. a Hospital for Mentally Ill Persons and a Facility for the Care or Treatment of Substance Abusive or Dependent Persons shared one building which staff identified as the "Infirmarary". A review of staffing for this area revealed the following:
  - a. RN staffing schedules were reflected on a monthly calendar with the names of three staff members written in on each calendar day. During an interview, the Director of Nursing (DON) stated these RNs worked twelve-hour shifts and the RN working that shift was responsible for covering both licensed entities. A review of the facilities staffing patterns for the "Sub acute unit" e.g. Hospital for Mentally Ill Persons, identified one RN would be on duty 24 hours per day. The policy further identified that this RN was also responsible for the Adult Detox Unit e.g. Facility for the Care or Treatment of Substance Abusive or Dependent Persons, and the New Beginnings Adolescent Program. The facility failed to have a separate RN on duty for each separate licensed entity.
  - b. A review of the job description for the DON identified that she was responsible for the "Infirmarary" that included the two separately licensed entities. The policy further identified that the DON would be on-site Monday - Friday 8 AM - 4 PM. Interview with the DON identified that her office was off site in another town at corporate headquarters, that she was on site approximately three days a week, and that she had the responsibility for all the inpatient and outpatient entities that involved Nursing within the corporation. The job description failed to specifically identify the DON hours and responsibilities for each licensed entity.
  - c. A review of the MHW (Mental Health Worker) schedule dated 7/9/06 through 7/31/06 identified on 7/28/06, one MHW was on duty on the second shift, and one MHW was on duty during any of the third shifts. A review of the names on the weekly schedules failed to match the names identified on the master schedule for all shifts. The facility was unable to provide documentation of schedules prior to 7/9/06 in order to identify actual staffing for MHW's. During an interview, the Director of Residential Counselors and Mental Health Workers stated she was responsible for the supervision of and staffing of the MHW's, but was not aware of the policy that directed there be two MHW's on each shift for the Hospital for the Mentally Ill. A review of the policy for the staffing of MHW's in the Hospital for the Mentally Ill identified that 2 MHW's would be on duty 24 hours

DATES OF VISITS: July 31, 2006 and August 1 and 2, 2006

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT  
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WERE IDENTIFIED

per day. The facility failed to have a schedule which accurately reflected the staffing of mental health workers assigned to the hospital.

2. Patient #4 with diagnosis of Bipolar disorder, rule out borderline personality disorder and poly substance abuse, was admitted to the Hospital for Mentally Ill Persons and placed on a "PL III" level of observation on 7/27/06 after an episode of self-cutting. A review of the MHW staffing schedule for 7/27/06 identified only one MHW as on duty on the night shift and RN staffing schedule identified one RN on duty for both licensed entities. A review of the facility policy for suicide precaution and risk assessment for the Hospital for Mentally Ill Persons, identified a "PL III" e.g. precaution level III, level of observation for clients who were suicidal or exhibited self-injurious behavior and at high risk of self-harm required staff maintain clear and continuous observation of the client and be within arms length of the client at all times. Patients #1, #2 and #3 were also patients on the unit that night. The facility failed to maintain staffing as per facility policy and per identified patient needs.
3. Patient #1 was admitted to the facility on 7/11/06 with diagnosis of Bipolar disorder, ADHD (attention deficit disorder), ODD (oppositional defiant disorder) and to rule out PTSD (post traumatic stress disorder). The patient had a history of being a runaway with multiple elopements from previous treatments and multiple suicide attempts. A review of the master treatment plan dated 7/11/06 identified problems related to anger management, impulsivity, oppositional behavior, and mood disorder. The facility failed to identify all problems, specific treatment modalities and safety approaches to address the problems and instead included non-specific interventions for all problems. These included to prescribe and monitor medications, assess safety and risk for harm to self/others as needed, monitor medical issues, daily meetings and group therapy. A review of the progress notes between admission and 7/31/06 identified that the patient was very impulsive, tried to manipulate staff to get what she wanted, was very angry, disruptive, argumentative, and had frequent outbursts, failed to follow rules that necessitated restrictions, was uncooperative and moody, threw water at a peer, called her boyfriend, and attempted to lock herself in the bathroom. The patient also had episodes of nausea treated with Pepto Bismal and suffered a right ankle injury that required ice, elevation, and non-weight bearing with the use of crutches. Documentation was lacking to address the medical concerns and discharge planning as well as the signature of the client or guardian. Weekly updates failed to identify any new problems, interventions or goals as described in the progress notes. Weekly nursing input into the plan was unclear based on a lack of a signature that the RN was part of the treatment team. The target date and actual date goals were met were also blank.

DATES OF VISITS: July 31, 2006 and August 1 and 2, 2006

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT  
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WERE IDENTIFIED

4. Patient #2, an adolescent, was admitted to the facility on 5/22/06 with diagnosis of major depression, schizoaffective, post traumatic stress disorders, substance abuse, high blood pressure, obesity, asthma, and a significant history of self cutting behaviors with multiple scarred areas. A review of the initial master treatment plan dated 5/23/06 identified problems of anxiety, anger management, and mood disorder. The facility failed to identify all problems, specific treatment modalities and safety approaches to address the problems and instead included non-specific interventions for all problems. Documented interventions included daily meetings, to prescribe and monitor medications, to assess risk for self harm as needed, administer medications, and daily individual and group therapy.

A review of progress notes between admission and 7/31/06 identified the patient frequently withdrew and isolated herself, was very anxious during family visits, had insomnia, episodes of verbal escalation, was difficult to redirect, had some paranoia, was withdrawn and emotional when told of the death of someone close to her, developed a dermatitis from mosquito bites, sore throat, diarrhea, urinary tract infection, nausea, shoulder pain, cold symptoms, foot pain, and complained about being lactose intolerant. A review of the treatment plan reviews identified documentation was lacking for a weekly review done between 5/23/06 and 6/6/06 and between 6/27/06 and 7/11/06. No new problems or interventions were identified on the treatment plan updates between 5/23/06 and 7/25/06. Documentation was lacking to address the medical and nutritional concerns and discharge planning. Weekly updates failed to identify any new problems, interventions or goals as described in the progress notes. Weekly nursing input into the plan was unclear based on a lack of an RN signature to denote an RN was on the treatment team. The target date and actual date goals were met were also blank.

5. Patient #3 was admitted to the facility on 7/10/06 with a diagnosis to rule out depression with psychotic features, schizoaffective and anxiety disorders, obesity, and asthma. The patient had a history of self harm-cutting, suicidal ideations with multiple attempts, and anxiety. A review of the initial nursing intake identified the patient had nausea and stomach pain. A review of the initial master treatment plan dated 7/10/06 identified problems of mood disorder and anxiety. The facility failed to identify all problems, specific treatment modalities and safety approaches to address the problems and instead included non-specific interventions for all problems. Interventions included to prescribe, administer, and monitor medications, to assess risk of harm to self/others as needed, monitor medical issues, daily meetings and daily individual and group therapy. The treatment plan was signed only by the Clinician and not by the patient/guardian. A review of the weekly treatment plan updates identified

DATES OF VISITS: July 31, 2006 and August 1 and 2, 2006

**THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT  
STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES  
WERE IDENTIFIED**

there were no new problems and the only intervention change was the discontinuance of Risperadol.

Documentation was lacking to address the medical and nutritional concerns and discharge planning. Weekly nursing input into the plan was unclear based on a lack of an RN signature to denote an RN was on the treatment team. The target date and actual date goals were met were also blank.

A review of progress notes between admission and 7/31/06 identified the patient had a urinary tract infection, isolated herself frequently, had an order to do body checks every other day for self cutting, was found with salt packets which documented that she used these to dehydrate herself in order to be sent to the hospital for IV therapy, had fleeting thoughts of self harm but denied she would do it, and had back, stomach, and chest pain that were treated with medications.

A review of the facility's policies for treatment plans, scope of assessment, multidisciplinary inpatient, assessment and care-treatment plan and review, identified that the plan must identify the care and services appropriate to the individual's specific needs. The severity of condition, impairment, or disability with respect to social, spiritual, and cultural variables were to be considered and incorporated into the treatment goals. Objectives must be expressed in behavioral terms that specify measurable indexes of progress, specify frequency of treatment procedures and discharge planning. Treatment goals were to be evaluated and updated weekly by clinicians, case managers, member of the medical team, and clinical supervisors. Mandatory participants for each initial and updated treatment plan team meeting included the attending physician, RN, and clinician with other disciplines attending if their discipline was part of the treatment plan. The plan was to be reviewed and signed by the client.



# STATE OF CONNECTICUT *EXHIBIT B*

## DEPARTMENT OF PUBLIC HEALTH

August 4, 2006

William Aniskovich  
Stonington Behavioral Health, Inc.  
234A Bank Street  
New London, CT 06320

Dear Mr Aniskovich:

Unannounced visits were made to Stonington Institute, 75 Swantown Hill Road, North Stonington, CT on July 31 and August 1 and 2, 2006 by representatives of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a licensure renewal inspection and a complaint 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 visits. However, additional violations may follow.

An office conference has been scheduled for August 10, 2006 at 2:00PM in the Facility Licensing and Investigations Section of the Department of Public Health, 410 Capitol Avenue, Second Floor, Hartford, Connecticut. Should you wish legal representation, please feel free to have an attorney accompany you to this meeting.

Please prepare a written Plan of Correction for the above mentioned violations to be presented at this conference.

Each violation must be addressed with a prospective Plan of Correction which includes the following components:

1. Measures to prevent the recurrence of the identified violation, (e.g., policy/procedure, inservice program, repairs, etc.).
2. Date corrective measure will be effected.
3. Identify the staff member, by title, who has been designated the responsibility for monitoring the individual plan of correction submitted for each violation.

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

Respectfully,

*Cher Michaud / JMC*

Cher Michaud, RN  
Supervising Nurse Consultant  
Facility Licensing and Investigations Section

CM

c: Department of Mental Health and Addiction Services  
licensure file



Phone: (860) 509-7400  
Telephone Device for the Deaf (860) 509-7191  
410 Capitol Avenue - MS # 12HSR  
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DATE(S) OF VISIT: July 31, August 1 and 2, 2006

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT  
STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES  
WERE IDENTIFIED

The following are violations of the Regulations of Connecticut State Agencies Section 19a-495-570 (m) Service Operations (7)(F)(iii) and/or (iv).

1. Based on review of facility documentation and interview the facility failed to ensure adequate staffing. The findings include:
  - a. RN staffing schedules were reflected on a monthly calendar with the names of three staff members written in on each calendar day. During an interview, the Director of Nursing (DON) stated these RNs worked twelve-hour shifts and the RN working that shift was responsible for covering both licensed entities. A review of the facilities staffing patterns for the "Sub acute unit" e.g. Hospital for Mentally Ill Persons, identified one RN would be on duty 24 hours per day. The policy further identified that this RN was also responsible for the Adult Detox Unit e.g. Facility for the Care or Treatment of Substance Abusive or Dependent Persons, and the New Beginnings Adolescent Program. The facility failed to have a separate RN on duty for each separate licensed entity.
  - b. A review of the job description for the DON identified that she was responsible for the "Infirmery" that included the two separately licensed entities. The policy further identified that the DON would be on-site Monday - Friday 8 AM - 4 PM. Interview with the DON identified that her office was off site in another town at corporate headquarters, that she was on site approximately three days a week, and that she had the responsibility for all the inpatient and outpatient entities that involved Nursing within the corporation. The job description failed to specifically identify the DON hours and responsibilities for each licensed entity.