My name is Susana Aceituno. I was born in Buenos Aires, Argentina on January 27, 1933. My husband, Oscar, was born on April 1, 1929 in Buenos Aires, Argentina.

We met in 1950 and after courting for some time, we got married on January 27, 1955 in Buenos Aires.

Oscar would always travel all over Europe and the States. So, when we decided to leave Argentina because of personal circumstances, Oscar said we should move to the United States. In January 1966 we moved to the United States.

We settled in Pleasantville, New York, with our three beautiful daughters, Laura, Sandra and Patricia, and 200 dollars in our pockets. And after much work and saving, in 1975, we were able to buy our house in White Plains.

Throughout his life, Oscar was an active man. He went to Air Force school in Cordova for two years and as I said, he would travel. He loved to play the guitar and dance the tango. He was always doing something. We never had to call a carpenter, or a plumber to do anything in the house. He would garden. His life was breathing, walking and working. He would walk many many miles; he loved to walk. He would read the newspaper every day. He was never sick; very healthy and always there for me and our girls.

My nickname for him was Tarzan. He was one of the most honest human beings I've ever known.

When he was 65 years old he was first diagnosed with Alzheimer's. One of the signs of his illness was that he began wandering from home. I realized how great a danger he was in when we found in the middle of the Bronx River Parkway. That's when we knew we could not keep him home. It was a heart wrenching decision but one that we took on responsibly. We began researching and touring several facilities. We had Oscar examined by our doctor and by visiting nurses.

We went to Haven Health Care of Greenwich and met with the administrator. She specifically said to me "don't worry, we'll take care of him". Very secure.

So on May 14, 2004, Oscar became a resident at Haven Healthcare. We danced a tango for the other residents and they thought we were professional dancers.

That same morning, Oscar wandered out of the building one time and went outside. That afternoon, at my visit, I was told by the nurses that he refused to wear the Wanderguard bracelet and that he wandered but they told me not to worry because they'll take care of him.

For the next two weeks, I visited him every day. We would eat together, we walk outside, we would talk to other residents and staff.

In the first four days that he was at Haven Healthcare, Oscar was allowed to leave the facility 10 times. I was told that he continued to wander throughout the day and evening and removed his Wanderguard bracelet at least five times. Since it seemed like he was being allowed to wander, I made arrangements to move Oscar to another facility across the street, but, on May 18, 2004, on Oscar's fourth day at Haven Health, I met with the administrator and she told me that Oscar was adjusting well to Haven Health and that we should let him stay there instead of transferring him. She said to give them another opportunity.

From that meeting on May 18th to May 30th, I was never told anything about Oscar wandering.

On May 30, 2004, at about 7:30 pm, he was seen having escaped the building along with another resident and he was returned to his room. Twenty minutes later, he could not be located. He was found outside the health center about a mile down the road, at the side of the road, at the bottom of an embankment with his face covered in mud. He was then taken to a local hospital by ambulance.

Unfortunately, the hospital did not take any x-rays of Oscar; for what reason, I don't know. They sent him back to Haven Health Center. Oscar had a bruise on his spine from falling down the embankment. The bruise was from the inside and it got swollen and cut off all his nerves in his spine. The doctors say he is a quadriplegic.

Oscar went into Haven Health Center a strong and proud man. Since this happened, he doesn't walk; doesn't talk; he has to be fed because his hands don't work and he has had to wear diapers.

I look in his eyes but he doesn't look at me. When the administrator of Haven Health came to the hospital to see Oscar, I said to her, "this is what you give me back."

The Connecticut Department of Health investigated my husband's care and found errors committed by Haven Healthcare. They were fined $615 for not looking after Oscar. But because Haven Health Care said that would be a financial hardship for them, they sent the state a check for $1.

I am happy to answer your questions and provide more information if you need it. I would like for what happened to us for something good to come out of so that other people do not go through what we have gone through.

**HAVEN HEALTH CENTER OF GREENWICH**
1188 King Street P.O. Box 11029
Greenwich, CT.06831 1-203-531-8300

**REPORTABLE EVENT**

License Number 760-C ____CCNH ____RHNS 75 Beds

Report# 63 Classification ____A ____B ____C (D) ____E

Resident's Name: ACEITUNO OSCAR Age: 75

Dare Admitted: 5/14/04 Diagnosis: ALZHEIMERS

Date of Event: 5/30/04 Time: 8:00 a.m./(p.m.) Location: OFF Premesis

Brief description of event: Resident observed lying on ground lying on his Back on Roadside. Wanderguard intact on LT Ankle.

Assessment and Vital Signs: Alert and verbally responsive, Full ROM in all four extremities skin dry and intact. No scraps — NO BRUISES. VS BP 149/79 R14 P90 T98-0

CIRCLE ONE:
ALARMS: (ON)/OFF RAILS: UP / DOWN FLOOR: WET / DRY SHOES: (ON) / OFF
WHEEL CHAIR LOCKED: YES / NO N/A N/A

Witness (if any) —0—

Condition BEFORE event (mental, physical) Alert & Confuse. Independent Ambulatory.

Condition AFTER event (mental, physical) Alert & Confuse - placed on stretcher to send to ER. For evaluation

Family Notified: MULTIPLE ATTEMPTS NOT SUCCESSFULL, NO ANSWER STEAL @ 7AM NO ANSWERING MACHINE 8PM-12MV Date __/__/__ Time: __/__ a.m. / p.m.

Attending Physician: DR. Orphanos

Physician Notified: DR. HERZIG (Covering MD) Date 5/30/04 Time: 8/30 a.m. / (p.m.)

Physician examined Resident? ____YES 1 NO If YES, Date __/__/__ Time: __/__ a.m. / p.m.

Physician findings and orders: TRANFER to ER @ 8:20 pm For eval Returned @ 10:10 pm & order for Rest one day, and resume activities.

Outcome: 5/31/04 @ 8:30 AM Change in ROM upper extremities. Transfer to ER for assessment

Name of Person Filing Report: ALEJANDRO SANCHEZ Title: LPN

| | YES | NO | DATE | TIME | Name of Person Notified | By Whom (Name & Title) |
|---|---|---|---|---|---|---|
| Resident/Report to State Allegation of Abuse | | | | | | |

Signature of Person Filing Report Alejandro Sanchez Date: 5/30/04
Please Print Name

Signature of Administrator _____ Date: __/__/__
Rev. 4/03

Mary Lanzone RN, DON for Administrator. 6/1/04

POLICE DEPARTMENT
GREENWICH, CONNECTICUT

COPY

# Incident

CASE NO. 04-101611

## INCIDENT

| INCIDENT | DV | CODE | INVESTIGATING OFFICER(S) |
|---|---|---|---|
| Casualty | | 305 | FERRARO, JOSEPH J. |

| LOCATION | APT / BLDG |
|---|---|
| 1200 KING ST | |

| FROM: (or ON): | OCCURRED | DAY: | DATE: | REPORTED | DAY: | POST |
|---|---|---|---|---|---|---|
| | 05/30/2004 at 2000 hrs. | Sunday | 05/30/2004 | | Sunday | Glenville |

| TO: | DAY: | TIME: | WEATHER / LIGHT CONITIONS: | CAR | AREA |
|---|---|---|---|---|---|
| 05/30/2004 at 2000 hrs. | Sunday | 2000 hrs. | Clear | 56 | West |

## NAMES

| NAME (Last, First, Middle) | DOB | SEX / RACE / ETH | SSN | DRIVERS LICENSE & STATE |
|---|---|---|---|---|
| ACEITUNO, OSCAR | 04/01/1929 | M - W - N | | |

| ADDRESS (Street, Apartment, City, State, Zip) | TELEPHONE - HOME |
|---|---|
| 1138 KING ST, B-4, GREENWICH, CT 06830 | 203/000-0000 |

| CONTACT TYPE | EMPLOYMENT / BUSINESS ADDRESS | TELEPHONE - WORK |
|---|---|---|
| EMS | | 203/000-0000 |

| NAME (Last, First, Middle) | DOB | SEX / RACE / ETH | SSN | DRIVERS LICENSE & STATE |
|---|---|---|---|---|
| SANCHEZ, ALEJANDRO | 02/09/1969 | M - B - H | | |

| ADDRESS (Street, Apartment, City, State, Zip) | TELEPHONE - HOME |
|---|---|
| 1138 KING ST, GREENWICH, CT 06830 | |

| CONTACT TYPE | EMPLOYMENT / BUSINESS ADDRESS | TELEPHONE - WORK |
|---|---|---|
| OTHR | | 203/531-8300 |

| NAME (Last, First, Middle) | DOB | SEX / RACE / ETH | SSN | DRIVERS LICENSE & STATE |
|---|---|---|---|---|
| COMPERE, JANET | 09/17/1952 | F - B - H | | |

| ADDRESS (Street, Apartment, City, State, Zip) | TELEPHONE - HOME |
|---|---|
| 1138 KING ST, GREENWICH, CT 06830 | 203/000-0000 |

| CONTACT TYPE | EMPLOYMENT / BUSINESS ADDRESS | TELEPHONE - WORK |
|---|---|---|
| OTHR | | 203/531-8300 |

| NAME (Last, First, Middle) | DOB | SEX / RACE / ETH | SSN | DRIVERS LICENSE & STATE |
|---|---|---|---|---|
| BIMBA-WILLIAMS, JERI | 07/20/1959 | F - B - H | | |

| ADDRESS (Street, Apartment, City, State, Zip) | TELEPHONE - HOME |
|---|---|
| 1138 KING ST, GREENWICH, CT 06830 | 203/000-0000 |

| CONTACT TYPE | EMPLOYMENT / BUSINESS ADDRESS | TELEPHONE - WORK |
|---|---|---|
| OTHR | | 203/531-8300 |

COMPUTER FILE

## PROPERTY & EVIDENCE

| MAKE | MODEL | SERIAL | QTY/WT | COLOR |
|---|---|---|---|---|
| | | | | |

| STATUS | DESCRIPTION | COLLECT | VALUE |
|---|---|---|---|
| | | | $ |

| MAKE | MODEL | SERIAL | QTY/WT | COLOR |
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| STATUS | DESCRIPTION | COLLECT | VALUE |
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|---|---|---|---|---|
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| STATUS | DESCRIPTION | COLLECT | VALUE |
|---|---|---|---|
| | | | $ |

## MV

| REG | STATE | YEAR | MAKE | MODEL | STYLE | COLOR |
|---|---|---|---|---|---|---|
| | | | | | | |

| STATUS | VIN | VALUE | COLLECT |
|---|---|---|---|
| | | $ | |

## ADMIN

| REPORTING OFFICER / ID # | REVIEWED BY SUPERVISOR | COMMANDING OFFICER | CHIEF'S OFFICE | PAGE |
|---|---|---|---|---|
| | | CAPT MD | | 1 |

DISTRIBUTION: ☐ SOCIAL SERVICES ☐ FIRE DEPT ☐ DPW ☐ TRAFFIC ENG ☐ SELECTMAN ☐ HEALTH DEPT ☐ ACD ☐ BOARD OF ED ☐ TOWN ATTY ☐ OTHER

FOLLOW-UP ACTIONS: ☐ DETECTIVE BUREAU ☐ TRAFFIC DIVISION ☐ COURT TECHNICIAN ☐ JUVENILE OFFICER ☐ PATROL DIVISION ☐ REPORTING OFFICER ☐ CRIMES ANALYSIS ☐ OTHER

| GPD DISP. | | UCR CLEARANCE DISPOSITION | | |
|---|---|---|---|---|
| CLOSED | ADMIN. CLR. | UNFOUNDED | ARREST | EXCEP. CLR. |
| ☑ | ☐ | ☐ | ☐ | ☐ |

IF EXCEPTIONALLY CLEARED CHOOSE ONE: ☐ A-DEATH OF OFFENDER B-PROSECUTION DENIED C-EXTRADITION DENIED D-VICTIM REF COOPERATE E-JUVENILE, NO CUSTODY

DATE EXCEPTIONALLY CLEARED

POLICE DEPARTMENT
GREENWICH, CONNECTICUT

# Incident Names

CASE NO. 04-101611

## INCIDENT

| INCIDENT | DV | CODE | INVESTIGATING OFFICER(S) |
|---|---|---|---|
| Casualty | | 305 | FERRARO, JOSEPH J. |

| LOCATION | APT / BLDG |
|---|---|
| 1200 KING ST | |

| FROM: (or ON): | OCCURRED | DAY: | DATE: | REPORTED | DAY: | POST |
|---|---|---|---|---|---|---|
| | 05/30/2004 at 2000 hrs. | Sunday | 05/30/2004 | | Sunday | Glenville |

| TO: | DAY: | TIME: | WEATHER / LIGHT CONITIONS: | CAR | AREA |
|---|---|---|---|---|---|
| 05/30/2004 at 2000 hrs. | Sunday | 2000 hrs. | Clear | 56 | West |

## NAMES

| NAME (Last, First, Middle) | DOB | SEX / RACE / ETH | SSN | DRIVERS LICENSE & STATE |
|---|---|---|---|---|
| PONTICELLO, DR. | | M - W - N | | |

| ADDRESS (Street, Apartment, City, State, Zip) | TELEPHONE - HOME |
|---|---|
| GREENWICH HOSPITAL, GREENWICH, CT 06830 | |

| CONTACT TYPE | EMPLOYMENT / BUSINESS ADDRESS | TELEPHONE - WORK |
|---|---|---|
| OTHR | | 203/622-8046 |

| NAME (Last, First, Middle) | DOB | SEX / RACE / ETH | SSN | DRIVERS LICENSE & STATE |
|---|---|---|---|---|
| | | - - | | |

| ADDRESS (Street, Apartment, City, State, Zip) | TELEPHONE - HOME |
|---|---|
| | |

| CONTACT TYPE | EMPLOYMENT / BUSINESS ADDRESS | TELEPHONE - WORK |
|---|---|---|
| | | |

| NAME (Last, First, Middle) | DOB | SEX / RACE / ETH | SSN | DRIVERS LICENSE & STATE |
|---|---|---|---|---|
| | | - - | | |

| ADDRESS (Street, Apartment, City, State, Zip) | TELEPHONE - HOME |
|---|---|
| | |

| CONTACT TYPE | EMPLOYMENT / BUSINESS ADDRESS | TELEPHONE - WORK |
|---|---|---|
| | | |

| NAME (Last, First, Middle) | DOB | SEX / RACE / ETH | SSN | DRIVERS LICENSE & STATE |
|---|---|---|---|---|
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| ADDRESS (Street, Apartment, City, State, Zip) | TELEPHONE - HOME |
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| CONTACT TYPE | EMPLOYMENT / BUSINESS ADDRESS | TELEPHONE - WORK |
|---|---|---|
| | | |

| NAME (Last, First, Middle) | DOB | SEX / RACE / ETH | SSN | DRIVERS LICENSE & STATE |
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| ADDRESS (Street, Apartment, City, State, Zip) | TELEPHONE - HOME |
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| CONTACT TYPE | EMPLOYMENT / BUSINESS ADDRESS | TELEPHONE - WORK |
|---|---|---|
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| NAME (Last, First, Middle) | DOB | SEX / RACE / ETH | SSN | DRIVERS LICENSE & STATE |
|---|---|---|---|---|
| | | - - | | |

| ADDRESS (Street, Apartment, City, State, Zip) | TELEPHONE - HOME |
|---|---|
| | |

| CONTACT TYPE | EMPLOYMENT / BUSINESS ADDRESS | TELEPHONE - WORK |
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## ADMIN

| REPORTING OFFICER / ID # | REVIEWED BY SUPERVISOR | COMMANDING OFFICER | CHIEF'S OFFICE | PAGE |
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DISTRIBUTION
- ☐ TRAFFIC ENG
- ☐ ACD
- ☐ SOCIAL SERVICES
- ☐ SELECTMAN
- ☐ BOARD OF ED
- ☐ FIRE DEPT
- ☐ HEALTH DEPT
- ☐ TOWN ATTY
- ☐ DPW
- ☐ OTHER

FOLLOW-UP ACTIONS
- ☐ DETECTIVE BUREAU
- ☐ TRAFFIC DIVISION
- ☐ COURT TECHNICIAN
- ☐ JUVENILE OFFICER
- ☐ PATROL DIVISION
- ☐ REPORTING OFFICER
- ☐ CRIMES ANALYSIS
- ☐ OTHER

| GPD DISP. | | UCR CLEARANCE DISPOSITION | | | IF EXCEPTIONALLY CLEARED | | | DATE EXCEPTIONALLY CLEARED |
|---|---|---|---|---|---|---|---|---|
| CLOSED | ADMIN. CLR. | UNFOUNDED | ARREST | EXCEP. CLR. | CHOOSE ONE: | A-DEATH OF OFFENDER<br>B-PROSECUTION DENIED<br>C-EXTRADITION DENIED | D-VICTIM REF. COOPERATE<br>E-JUVENILE, NO CUSTODY | |
| ☐ | ☐ | ☐ | ☐ | ☐ | | | | |

POLICE DEPARTMENT
GREENWICH, CONNECTICUT

# Narrative

CASE NO. 04-101611

| INCIDENT | CODE | INVESTIGATING OFFICER |
|---|---|---|
| Casualty | 305 | FERRARO, JOSEPH J. |
| LOCATION: 1200 KING ST | APT / BLDG | |
| NARRATIVE HEADING: ORIGINAL REPORT | | DATE OF NARRATIVE: 05/30/2004 |

On 5-30-04 at 20:00 hours the undersigned in unit 56, P/O Mastronardi in unit 57 and Med. 3 were detailed to the area of 1200 King St. on the report of a male subject lying on the shoulder of the road.

.

Upon arrival the undersigned observed an elderly male(later identified as Oscar Aceituno) lying in a supine position with his head pointing south and his face covered in dirt along the eastern grassy shoulder of King St. approximately 10 feet north of NYT pole no 226. The Undersigned observed Aceituno to be wearing blue jeans, a pull over shirt and a pair of slip on slippers. Acietuno was located approximately 958 feet north east of the entrance / exit of the Haven Health Center driveway. The undersigned also observed a transmitter device attached to the left ankle of Aceituno.

.

Medic 3 had arrived on scene prior to the undersigns arrival and began treatment for a fall. Med. 3 transported Aceituno to Greenwich Emergency Dept. where Dr.Ponticello treated and released Aceituno for the fall.

.

While at the scene the undersigned interviewed Sanchez: he related the following that he is Aceituno nurse and that he checks on Aceituno every ten minutes to make sure he is all right. Sanchez also indicated that Aceituno suffers from Dementia and that he is a very active patient at the center.
Sanchez continued to relate that he discovered Aceituno missing around 19:50 hours on this date and that he last saw Aceituno around 19:45 hours this date. Sanchez then notified other nurses aids to assist in locating Aceituno. Sanchez was advised by nurses aid Compere that she already stopped Aceituno outside earlier around 1930 hours pushing another patient around in a wheel chair an that she brought him back inside.

.

Upon interviewing nurses aid Compere she advised the undersigned that the alarm attached to Aceituno activated when she brought him in but did not activate when he left.

.

Compere and Bimba-Williams both nurses aids went to Greenwich Hospital to await the release of Aceituno.

.

ADMIN

| REPORTING OFFICER / ID | REVIEWED BY SUPERVISOR | COMMANDING OFFICER | CHIEF'S OFFICE | PAGE |
|---|---|---|---|---|
| | | | | 3 |

| GPD DISP. | | UCR CLEARANCE DISPOSITION | | | IF EXCEPTIONALLY CLEARED CHOOSE ONE: | A-DEATH OF OFFENDER B-PROSECUTION DENIED C-EXTRADITION DENIED | D-VICTIM REF. COOPERATE E-JUVENILE, NO CUSTODY | DATE EXCEPTIONALLY CLEARED |
|---|---|---|---|---|---|---|---|---|
| CLOSED | ADMIN. CLR. | UNFOUNDED | ARREST | EXCEP. CLR. | | | | |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | | |

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

December 16, 2004

Nicole Cadivous, Administrator
Haven Health Center of Greenwich
1188 King Street
Greenwich, CT 06831

Dear Ms. Cadivous:

An unannounced visit was made to Haven Health Center of Greenwich on September 24, 2004 by a representative of the Division of Health Systems Regulation for the purpose of conducting multiple investigations with additional information received through November 17, 2004.

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.

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 December 30, 2004 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

Please address the violation 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.

Respectfully,

Janet M. Williams, RN

Janet M. Williams, RN
Supervising Nurse Consultant
Division of Health Systems Regulation

JMW:LLD:zbj

cc: Director of Nurses
Medical Director
President
vlhhcgreenwch.doc
CT#2954, CT#3143

*Phone:*
*Telephone Device for the Deaf: (860) 509-7191*
*410 Capitol Avenue - MS #_____*
*P.O. Box 340308 Hartford, CT 06134*
*Affirmative Action / An Equal Opportunity Employer*

FACILITY: Haven Health Center of Greenwich



DATE OF VISIT: September 24, 2004

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

1. Resident #2's diagnoses included dementia. The MDS dated 5/25/04 identified the resident was moderately cognitively impaired, wandered, and ambulated independently. The RCP dated 6/04 reflected that the resident wandered out of the building on 8/9/04 and an approach was developed which included to place the wander bracelet on the back of the resident clothing. The physician's order dated 9/23/04 indicated to check the wander bracelet placement and function every shift. Observation on 9/24/04 with NA #5 noted the resident in the bedside chair without the wander bracelet on. Interview and observation with NA #6 on 9/24/04 reflected she found the resident's wander bracelet in the resident's hamper still pinned to the back of her camisole that had been removed the night before. Interview with RN #3 on 9/27/04 at 10:40 AM identified she believed the resident did not need to wear the wander bracelet when in bed at night.

The above is a violation of the Regulations of Connecticut State Agencies Section 19-13-D8t (j) Director of Nurses (2) and/or (m) Nursing Staff (2)(C).

FACILITY: Haven Health Center of Greenwich



DATE OF VISIT: September 24, 2004

Accepted 1/7/05 LD

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

1. Resident #3's diagnoses included dementia. The MDS dated 5/25/04 identified the resident was moderately cognitively impaired, wandered, and ambulated independently. The RCP dated 6/04 reflected that the resident wandered out of the building on 8/9/04 and an approach was developed which included to place the wander bracelet on the back of the resident clothing. The physician's order dated 9/23/04 indicated to check the wander bracelet placement and function every shift. Observation on 9/24/04 with NA #5 noted the resident in the bedside chair without the wander bracelet on. Interview and observation with NA #6 on 9/24/04 reflected she found the resident's wander bracelet in the resident's hamper still pinned to the back of her camisole that had been removed the night before. Interview with RN #3 on 9/27/04 at 10:40 AM identified she believed the resident did not need to wear the wander bracelet when in bed at night.

The above is a violation of the Regulations of Connecticut State Agencies Section 19-13-D8t (j) Director of Nurses (2) and/or (m) Nursing Staff (2)(C).

Submission of this plan of correction does not constitute an admission or agreement as to the truth of the facts alleged or of the validity of the conclusion set forth on the aforementioned statement of deficiency.

Corrective Actions:
Resident #3 remains in the facility.

Identification:
All residents who wander are potentially at risk. All residents admitted to the facility will have a "potential elopement" assessment completed upon admission and quarterly thereafter.

System Changes:
All residents identified as a risk for elopement will have a wonder-guard placed on them.

Corrective Action:
A list of all residents who wander will be placed at each nurses' station and available to the nursing supervisor.
Nurses will document each shift checking for wander-guard placement.
11-7 Nurses will check daily that each wander-guard is working properly.
Maintenance will check the actually alarm system weekly and maintain a log.
Staff will be in serviced on systems.
QA nurse will conduct monthly audits for 3 months and quarterly thereafter on nursing documentation and maintenance logs.

Responsible Person:
DNS

Louis Caputo, Administrator 12/29/04

# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

*IMPORTANT NOTICE - PLEASE READ CAREFULLY*

November 18, 2004

Nicole Cadovius, Administrator
Haven Health Center of Greenwich
1188 King Street
Greenwich, CT 06831

Dear Ms. Cadovius:

On **November 17, 2004** complaint investigations were concluded at your facility by the State of Connecticut, Department of Public Health, Division of Health Systems Regulation to determine if your facility was in compliance with Federal requirements for nursing homes participating in the Medicare and Medicaid programs. This survey found the most serious deficiency(ies) in your facility to be:

**Isolated deficiencies that constitute actual harm that is not immediate jeopardy whereby significant corrections are required (G).**

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

A Plan of correction (PoC) for the deficiencies must be submitted by the 10th day after the facility receives its Statement of Deficiencies (Form CMS-2567). Your PoC serves as your written allegation of compliance. Failure to submit a signed and dated acceptable PoC by **December 1, 2004** may result in the imposition of additional remedies by the 20th day after the due date for submission of a PoC.

Each plan of correction must be written on the Statement of Deficiencies, with identification of the staff member by title who has been designated the responsibility for monitoring the individual plan of correction submitted for each deficiency. Attachments may not replace the plan of correction. A completion date is required for each item for each deficiency and shall be documented in the designated column.

*Phone: (860) 509-7400*
*Telephone Device for the Deaf (860) 509-7191*
*410 Capitol Avenue - MS # 12HSR*
*P.O. Box 340308 Hartford, CT 06134*
*An Equal Opportunity Employer*

**In addition, each deficiency shall be addressed with a prospective plan of correction that includes the following components:**

- **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;**
- **How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;**
- **What measures will be put into place or systemic changes made to ensure that the deficient practice does not recur; and,**
- **How the facility will monitor its corrective action(s) to ensure that the deficient practice will not recur, (i.e., what quality assurance or other program will be put into place to monitor the continued effectiveness of the systemic change).**
- **Identify the staff member, by title, who has been designated the responsibility for monitoring the individual plan of correction for each deficiency and the completion date for each component.**

Your facility does not have an "opportunity to correct" the deficiencies noted prior to imposition of a remedy. However, deficiencies should be corrected by **December 29, 2004.**

Based on the deficiencies cited during your survey, we are recommending to the Centers for Medicare and Medicaid Services (CMS) Regional Office and/or the State of Connecticut Department of Social Services that:

A "per-instance" civil money penalty of $1,000.00 be imposed effective **November 17, 2004.** If the Regional Office and/or the State of Connecticut Department of Social Services decides to impose the recommended civil money penalty, a notice of imposition will be sent to you.

If you do not achieve substantial compliance within 3 months after the last day of the survey identifying noncompliance, the CMS Regional Office and/or the State of Connecticut Department of Social Services must deny payments for new admissions.

We are also recommending to the CMS Regional Office and/or the State of Connecticut Department of Social Services that your provider agreement be terminated on **May 17, 2005** if substantial compliance is not achieved by that time.

**Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with separate formal notification of that determination.**

Allegation of Compliance

The Plan of Correction serves as your allegation of compliance. We may accept the written allegation of compliance and presume compliance until substantiated by a revisit or other means.

If, upon the subsequent revisit, your facility has not achieved substantial compliance, we will recommend that additional remedies be imposed by the CMS Regional Office and/or the State of Connecticut Department of Social Services beginning on **November 17, 2004** and continue and until substantial compliance is achieved. Additionally, the CMS Regional Office and/or the State of Connecticut Department of Social Services may impose a revised remedy(ies), based on changes in the seriousness of the noncompliance at the time of the revisit, if appropriate.

Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of Substandard Quality of Care (SQC) or immediate jeopardy. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies (or why you are disputing the scope and severity assessments of deficiencies which have been sent found to constitute SQC or immediate jeopardy), to this office. This request must be sent during the same 10 day period you have for submitting a PoC for the cited deficiencies. Informal dispute resolution may be accomplished by telephone, review of submitted documentation or a meeting held at the Department. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Informal dispute resolution in no way is to be construed as a formal evidentiary hearing. It is an informal administrative process to discuss deficiencies. If you will be accompanied by counsel, you must indicate this in you request for informal dispute resolution. You will be advised in writing of the decision related to the informal dispute.

Please return your response to the Supervising Nurse Consultant at State of Connecticut Department of Public Health, 410 Capitol Avenue, MS #12HSR, P.O. Box 340308, Hartford, CT 06134-0308 and direct your questions regarding other deficiencies and any questions concerning the instructions contained in this letter to the Supervising Nurse Consultant at (860) 509-7400.

Sincerely,

Janet M. Williams, RN

Janet M. Williams, R.N.
Supervising Nurse Consultant
Division of Health System Regulation

JMW:LLD:zbj

cc: CMS Regional Office
State of Connecticut Department of Social Services
CT #2954, CT #3143

Enclosure

Janet M. Williams, RN
Supervising Nurse Consultant
Division of Health System Regulation
State of Connecticut DPH
410 Capital Ave.
MS #12HSR
PO BOX 340308
Hartford, Ct
06134-0308

December 1, 2004

Dear Ms. Williams;

Enclosed you will find the plan of corrections for Haven Healthcare Center of Greenwich from the November 17, 2004 complaint investigation. Please feel free to contact the facility with any questions 203.531.8300. Either the DNS Mary Forzano or Nicole Cadovius the administrator will be happy to assist you.

Sincerely,

Nicole Cadovius, Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Accepted 12/3/04 LD

PRINTED: 11/17/2004
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 075069 | A. BUILDING ____ B. WING ____ | C 11/17/2004 |

NAME OF PROVIDER OR SUPPLIER: HAVEN HEALTH CTR OF GREENWICH

STREET ADDRESS, CITY, STATE, ZIP CODE: 1188 KING ST, GREENWICH, CT 06831

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 324 S=G | 483.25(h)(2) QUALITY OF CARE<br><br>The facility must ensure that each resident receives adequate supervision and assistance devices to prevent accidents.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on clinical record reviews, observations, and interviews for two of three sampled residents with wandering behavior (Residents #2 and #3), the facility failed to follow the resident's plan of care and/ or provide adequate supervision to prevent injury. The findings include:<br><br>1. Resident #2 was admitted to the facility on 5/14/04 with diagnoses that included Alzheimer's Syndrome and a history of wandering from home. The Minimum Data Set (MDS) dated 5/14/04 identified the resident was moderately cognitively impaired, had wandering and resistive behaviors, and was independently ambulatory. The Interim Resident Care Plan (RCP) dated 5/15/04 reflected the resident was an elopement risk with approaches that included wearing a wander bracelet and to check the resident's location every hour. Nursing Narratives dated 5/30/04 at 7:30 PM noted the resident was observed out of the building with another resident and alarms did not sound. The narratives also reflected that the resident had eloped again 20 minutes later was found lying on the street. The resident was sent to the emergency room, and returned to the facility at 10:00 PM that night. Neurological status changes were exhibited by the resident on 5/31/04 and he was admitted to the hospital with a diagnosis of spinal cord contusion. Interview with RN #3 on 9/27/04 at 10:40 AM indicted that NA #4 looked for the resident at 7:50 AM to provide 1 to 1 monitoring but that the resident could not be found. Review of Facility Policy on | F 324 | Submission of this plan of correction does not constitute an admission or agreement as to the truth of the facts alleged or of the validity of the conclusion set forth on the aforementioned statement of deficiency.<br><br>F324<br>*Corrective Actions*<br>Resident # 2 has been discharged from facility. Resident #3 remains in the facility<br><br>*Identification*<br>All residents who wander are potentially at risk. All residents admitted to the facility will have a "potential elopement" assessment completed upon admission and quarterly thereafter.<br><br>*System Changes*<br>All residents identified as a risk for elopement will have a wander-guard placed on them.<br><br>*Corrective Action*<br>A list of all residents who wander will be placed at each nurses' station and available to the nursing supervisor.<br>Nurses will document each shift checking for wander-guard placement.<br>11-7 Nurses will check daily that each wander-guard is working properly.<br>Maintenance will check the actually alarm system weekly and maintain a log.<br>Staff will be inservice<br>QA nurse will conduct monthly audits for 3 months and quarterly thereafter on nursing documentation and maintenance logs.<br><br>*Responsible Person*<br>DNS<br><br>Completion Date 12.29.04 | 12.29.04. |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 12/1/04

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075069 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED C 11/17/2004 |
|---|---|---|---|

NAME OF PROVIDER OR SUPPLIER: HAVEN HEALTH CTR OF GREENWICH

STREET ADDRESS, CITY, STATE, ZIP CODE: 1188 KING ST, GREENWICH, CT 06831

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 324 | Continued From page 1<br>9/28/04 noted close observation might be initiated as a nursing measure for a resident that presents a serious elopement risk that compromises his safety. The resident was discharged to another rehab facility on 6/4/04 with cervical collar in place and the possibility of impending neurosurgery.<br><br>2. Resident #3's diagnoses included dementia. The MDS dated 5/25/04 identified the resident was moderately cognitively impaired, wandered, and ambulated independently. The RCP dated 6/04 reflected that the resident wandered out of the building on 8/9/04 and an approach was developed which included to place the wander bracelet on the back of the resident clothing. The physician's order dated 9/23/04 indicated to check the wander bracelet placement and function every shift. Observation on 9/24/04 with NA #5 noted the resident in the bedside chair without the wander bracelet on. Interview and observation with NA #6 on 9/24/04 reflected she found the resident's wander bracelet in the resident's hamper still pinned to the back of her camisole that had been removed the night before. Interview with RN #3 on 9/27/04 at 10:40 AM identified she believed the resident did not need to wear the wander bracelet when in bed at night. | F 324 | | |

**CERTIFIED MAIL**

**CITATION**

**In Re Citation No.** 2004-240

**Classification of Violation Pursuant to Connecticut General Statutes Section 19a-527**

**Date:** December 16, 2004

**Class:** B
**Bed Capacity:** 75
**License Number:** 760-C

**Licensee:** Laurel Convalescent Home, Inc. of Greenwich, CT.
**Facility Name:** Haven Health Center of Greenwich
**Facility Address:** 1188 King Street
Greenwich, CT 06831

The following citation is issued pursuant to Sections 19a-524 through 19a-528, inclusive of the Connecticut General Statutes:

**A. Nature and Scope of Violation(s):**

1. An inspection of this facility which concluded on (date) revealed the following:
   a. Alzheimer's Syndrome and a history of wandering from home. The Minimum Data Set (MDS) dated 5/14/04 identified the resident was moderately cognitively impaired, had wandering and resistive behaviors, and was independently ambulatory. The Interim Resident Care Plan (RCP) dated 5/15/04 reflected the resident was an elopement risk with approaches that included wearing a wander bracelet and to check the resident's location every hour. Nursing Narratives dated 5/30/04 at 7:30 PM noted the resident was observed out of the building with another resident and alarms did not sound. The narratives also reflected that the resident had eloped again 20 minutes later was found lying on the street. The resident was sent to the emergency room, and returned to the facility at 10:00 PM that night. Neurological status changes were exhibited by the resident on 5/31/04 and he was admitted to the hospital. The resident's radiological exam of 5/31/04 was consistent with cervical cord contusion. Interview with RN #3 on 9/27/04 at 10:40 AM indicted that NA #4 looked for the resident at 7:50 AM to provide 1 to 1 monitoring but that the resident could not be found. Review of Facility Policy on 9/28/04 noted close observation might be initiated as a nursing measure for a resident that presents a serious elopement risk that compromises his safety. Review of the resident's clinical record identified that the resident's plan of care

had not been changed to keep the resident safe and prevent the second elopement that resulted in injury.

**B. Statutes and/or Regulations Violated:**
Regulation of Connecticut State Agencies (Public Health Code) violated is, Section 19-13-D8t (j)(2).

**C. Classification of Violation(s)**
Class B in accordance with Section 19a-527-1 (b)(6) of the Regulations of Connecticut State Agencies (Public Health Code).

**D. Amount of Civil Penalty to be imposed in accordance with Connecticut General Statutes Sections 19a-527 and 19a-528: $615.00**

## NOTIFICATION OF ELECTION TO CONTEST CITATION

If the licensee wishes to contest this Citation, the administrator or his designee must within three days, excluding Saturdays, Sundays and holidays, of receipt of the Citation by the licensee, shall notify the Supervising Nurse Consultant who signed the citation by contacting the Division of Health Systems Regulation (DHSR), Department of Public Health, 410 Capitol Avenue, MS#12 HSR, P.O. Box 340308, Hartford, Connecticut 06134-0308, telephone number (860) 509-7400 or any Supervising Nurse Consultant within DHSR (same address, same telephone number).

## ELECTION NOT TO CONTEST CITATION

Should the licensee not wish to contest this Citation and pay the civil penalty, check or money order should be made payable to: Treasurer, State of Connecticut, attention Joan D. Leavitt, PHSM and sent to the above identified address.

**IF THE ADMINISTRATOR FAILS TO SO NOTIFY THE DEPARTMENT, THE CITATION SHALL BE DEEMED A FINAL ORDER OF THE COMMISSIONER OF PUBLIC HEALTH, EFFECTIVE UPON THE EXPIRATION OF THE THREE DAY PERIOD REFERENCED ABOVE. CONNECTICUT GENERAL STATUTES SECTION 19a-525(a).**

## INFORMAL CONFERENCE

If the administrator has notified the Department in accordance with the procedure set forth above, an informal conference will be conducted as required by Section 19a-525(b) between the licensee and the Commissioner or his designee. The facility may wish to be represented by an attorney.

## POSTING REQUIREMENT

**Each Class A or Class B Citation shall be prominently posted in the nursing home cited so as to be visible to any resident, including those in wheelchairs and to any employee or visitor of the nursing home until the violation has been corrected to the satisfaction of the Commissioner of Public Health or the Citation has been vacated by the Commissioner. Failure to comply with this requirement constitutes a violation of Connecticut General Statutes Section 19a-540.**

Signature: Janet M. Williams RN

Date: 12/16/04

JMW:LLD:zbj

cc: Nicole M. Cardovias, Administrator
Richard Lynch, Assistant Attorney General
Marianne Horn, Director
Joan D. Leavitt, Public Health Services Manager
Janet M. Williams, Supervising Nurse Consultant
Laura Doyle, Nurse Consultant
David DeMaio, Health Program Associate