

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH**

In Re: Carlson Place, LLC of Norwalk, CT

**MODIFICATION OF CONSENT ORDER**

WHEREAS, Carlson Place, LLC of Norwalk, CT d/b/a Carlson Place ("respondent") entered into a Consent Order on June 26, 2017, which became effective on June 26, 2017, (a true and complete copy of which is attached hereto marked as Attachment "A"); and,

WHEREAS, respondent and the Department of Public Health ("Department") wish to modify the aforementioned Consent Order;

NOW THEREFORE, paragraph 23 of the Consent Order is deleted and a new paragraph 23 is inserted into the Consent Order as follows:

23. The terms of this Consent Order shall remain in effect until June 26, 2019, except that the Independent Consultant's duties shall continue until April 26, 2020. In addition, the Independent Consultant shall submit monthly progress reports of his ongoing assessments beginning with a report due August 1, 2019. Such reports shall be submitted simultaneously to the Department and the Person-in-Charge at respondent's facility.

This Modification of Consent Order is effective upon the signature of the Department.



My Commission Expires 12/31/23  
Notary Public, State of Michigan  
JACQUELINE A. BARNES



NOW THEREFORE, the FLIS of the Department acting herein and through Barbara Cass, its Section Chief, and the Licensee, acting herein and through Diane Mortali, its Sole Proprietor, hereby stipulate and agree as follows:

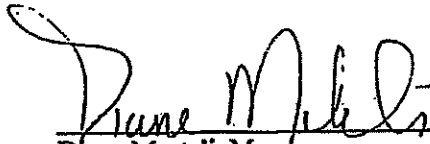
1. The Licensee shall execute a contract with an Independent Consultant ("IC") pre-approved in writing by the Department within four (4) weeks of the effective date of this Consent Order. The IC's duties shall be performed by a single individual unless otherwise approved by the Department. The Licensee shall incur the cost of the IC and any other costs associated with compliance with this Consent Order. Failure to pay the IC in a timely basis and in accordance with the contract, as determined by the Department in its sole and absolute discretion, shall constitute a violation of this Consent Order. Failure to pay the costs associated with the IC's duties may result in a fine not to exceed one thousand (\$1,000.00) dollars per day until such costs are paid.
2. The IC shall function in accordance with the FLIS's IC Guidelines (Exhibit B - copy attached). The IC shall be a qualified person who has experience with the Public Health Code, the Code of Federal Regulations, the State of Connecticut Building Code and Connecticut Supplement, the State of Connecticut Fire Safety Code and Connecticut Supplement, and the National Fire Protection Association Standards and physical environment best practices. The IC shall provide consulting services for a minimum of twenty-four (24) hours total at the Facility unless the Department identifies through inspections or any other information that the Department deems relevant that a longer time period is necessary for the initial assessment to ensure substantial compliance with applicable and state statutes and regulations. The terms of the contract executed with the IC shall include all pertinent provisions contained in this Consent Order. The Department shall base any decision regarding a reduction or increase in the hours of services of the IC upon onsite inspections conducted by the Department and based on all other information the Department deems relevant.
3. The IC shall act and perform the duties assigned herein at all times to serve the interest of the Department in assuring the safety, welfare and well-being of the residents and to secure compliance with applicable state law and shall not accept any direction or suggestion from the Licensee or its employees that will deter or interfere in fulfilling this obligation.

- a. The IC's initial and four (4) month follow up assessment of the physical environment compliance with all applicable codes as outlined in paragraph four (4), fire detection and suppression systems;
  - b. Any recommendations made by the IC; and
  - c. The Licensee's response and implementation of recommendations pursuant to the initial assessment.
10. Copies of all IC reports shall be simultaneously provided to the Person-in-Charge and the Department.
11. The IC shall have the responsibility for:
  - a. Assessing, monitoring, and evaluating the Facility engineering and maintenance program with particular emphasis and focus on the physical environment;
  - b. Assessing, monitoring, and evaluating the coordination of daily maintenance services delivered by the various vendors providing services; and
  - c. Recommending to the Department an increase in the IC's contract hours if the IC is unable to fulfill the responsibilities within the stipulated hours.
12. The Licensee shall monitor the continued implementation of the Licensee's plan of correction submitted in response to the amended violation letter dated January 27, 2017 (Exhibit A).
13. For a period of one year, the Person-in-Charge shall meet with the Department every ninety (90) days after the effective date of this Consent Order. The meetings shall include discussions of issues related to the care and services provided by the Licensee and the Licensee's compliance with applicable state statutes and regulations.
14. Any records maintained in accordance with any state law or regulation or as required by this Consent Order shall be made available to the IC and the Department, upon request.
15. The Department in its absolute and sole discretion, shall retain the authority to extend the period the IC functions are required, should the Department determine that the Licensee is not able to maintain substantial compliance 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 conducted by the Department and any other information the Department deems relevant.

including all options for the issuance of citations, the imposition of civil penalties calculated and assessed in accordance with Section 19a-524 et seq. of the General Statutes, or any other administrative and judicial relief provided by law. This Consent Order 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. The allegations and findings contained in Exhibits A shall be deemed true in any subsequent proceeding in which the licensee's compliance with the Consent Order is at issue or the licensee's compliance with Connecticut statutes and regulations and/or statutes and regulations is at issue.

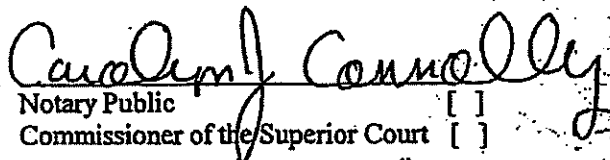
20. The Licensee agrees that this Consent Order shall be reported consistent with and state law and regulations and consistent with Department policy. In addition, the Licensee agrees that this Consent Order shall be posted on the Department's website.
21. The Licensee agrees that this Consent Order does not limit any other agency or entity in any manner including but not limited to any actions taken in response to the factual basis of this Consent Order.
22. The execution of this Consent Order 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.
23. The terms of this Consent Order shall remain in effect for a period of two (2) years from the effective date of this Consent Order unless otherwise specified in this Consent Order.
24. The Licensee agrees that this Consent Order 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.
25. Should the Licensee not be able to maintain substantial compliance with the requirements of the Consent Order the Department retains the right to issue charges including those identified in the January 24, 2017 violation letter referenced in this Consent Order.

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


  
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Diane Mortali, Manager  
Carlson Place, LLC of Norwalk, CT  
d/b/a/ Carlson Place

On this 26 day of June, 2017, before me, personally appeared Diane Mortali, who acknowledged herself to be the Manager of Carlson Place, LLC of Norwalk CT and that she, as such Manager being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the Licensee by herself as Manager.

My Commission Expires: \_\_\_\_\_  
(If Notary Public)

  
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Notary Public [ ]  
Commissioner of the Superior Court [ ]  
Carolyn J. Connolly  
Notary State of Connecticut  
My Commission Expires on 4/30/21

STATE OF CONNECTICUT,  
DEPARTMENT OF PUBLIC HEALTH

By:   
\_\_\_\_\_  
Barbara Cass, R.N., Section Chief  
Facility Licensing and Investigations Section

June 26, 2017

FACILITY: Carlson Place

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DATES OF VISIT: January 6, 9 and 12, 2017

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

Respectfully,

*Karen Gworek RN SNC*

Karen Gworek, RN  
Supervising Nurse Consultant  
Facility Licensing and Investigations Section

Complaint #21106

cc:Nancy Shaffer

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DATES OF VISIT: January 6, 9 and 12, 2017

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

- #3 indicated a fire drill failed to be conducted until December 27<sup>th</sup> 2016 although documentation of the drill was not documented. According to Director #3 the testing again failed on 12/27/16. Director #3 indicated Company #2 was come to the facility on 12/28/16 and made recommendations to repair the fire alarm however as of 1/1/17 the repairs had not been made and additional safety interventions were not implemented. Director #3 indicated it was her responsibility to inform the Administrator that fire drill testing had failed on 11/29/16 and 12/27/16 and had not.
- e. Interview with the facility Administrator on 1/6/17 at 1:45 PM indicated although she was made aware of the fire alarm failure on 12/28/16 by Director #3 the repairs would not be conducted by Company #2 until 1/10/17. The Administrator indicated she was assured of the resident's safety regarding a potential fire in the absence of a working alarm as the fire department would receive a signal if a fire occurred and notify the facility.
- f. Further interview with the Administrator identified facility staff checked the residents at the change of each shift and once during the shift. The Administrator indicated two residents had previously been found smoking in the facility since the temperature has been cold outside. The facility failed to increase the frequency of monitoring when it was identified that smoking had occurred in the building and/or after the fire on 1/1/17. Subsequent to the inquiry made by the Department of Public Health on 1/6/17, hourly safety checks were implemented to ensure there was no smoking in the building.
- g. Interview with the Administrator on 1/6/17 failed to identify that staff education had been provided regarding frequent monitoring to ensure the safety of the residents. Subsequent to the surveyors inquiry the Administrator indicated she was on her way to the facility to provide staff education.

The following is a violation of the Connecticut General Statutes Section 19a-550 (b) (8) and/or the Regulations of Connecticut State Agencies Section 19-13- D6 (c) Administration (1) and/or (5).

2. Based on observation and review of policy and procedures for one of one resident (R #10), the facility failed to ensure the resident was free from abuse and/or failed to have a policy on physical/verbal abuse. The finding includes:

a. On 1/10/17 at approximately 11:49 am, Resident #10 was observed sitting on the front porch holding a lit cigarette. Maintenance Staff #1 was observed grabbing the cigarette out of the resident's hand in a forceful manner and using multiple expletives in a loud tone of voice towards the resident since he/she was not supposed to smoke on the porch. Additionally, the resident was observed to be crying and pulling away from Maintenance Staff #1 as he was speaking loudly at the resident. Subsequent to the incident, the police was notified. Interview with the Person-in-Charge on 1/12/17 at 11:00 AM failed to identify that the facility had a policy regarding physical or verbal abuse.



FACILITY: Carlson Place

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DATES OF VISIT: January 6, 9 and 12, 2017

THE FOLLOWING VIOLATIONS OF THE REGULATIONS OF CONNECTICUT  
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WERE IDENTIFIED

of NFPA 101.

- m. The surveyor, accompanied by the facility Director, observed that the basement egress corridor ceiling has numerous penetrations of piping, conduit, and wiring that do not resist the passage of smoke and fire, not meeting the requirements of section 33.2.2.4.3 of NFPA 101.
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