

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS  
55 FARMINGTON AVENUE  
HARTFORD, CT 06105-3725

██████████ 2017  
Signature Confirmation

Client ID # ██████████  
Request #814893

**NOTICE OF DECISION**

**PARTY**

██████████  
C/O ██████████  
██████████  
██████████

Chelsea Place Care Center  
25 Lorraine Street  
Hartford, CT 06105

**PROCEDURAL BACKGROUND**

On ██████████ 2017, Chelsea Place Care Center (the “facility”) sent ██████████ (the “Appellant”) a Notice of Intent to Discharge.

On ██████████ 2017, the Appellant requested an administrative hearing to contest the discharge.

On ██████████ 2017, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a Notice scheduling the administrative hearing for ██████████ 2017.

On ██████████ 2017, in accordance with sections 19a-535, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing. The following individuals were present at the hearing:

██████████ the Appellant  
Jenna Michna, Social Worker, Chelsea Place  
Ron Nudd, Director Social Work Services, Chelsea Place  
Edmond Ikani, Nursing Supervisor, Chelsea Place  
Roberta Gould, Hearing Officer

## **STATEMENT OF THE ISSUE**

The issue to be decided is whether Chelsea Place Care Center complied with the law when it proposed to involuntarily discharge the Appellant.

## **FINDINGS OF FACT**

1. On [REDACTED] 2015, the Appellant was admitted to the facility for short term care after having vascular surgery on both legs. (Facility's testimony and Appellant's testimony)
2. The Appellant has a diagnosis of polysubstance abuse, nicotine dependence, renal failure, chronic back pain, generalized anxiety and opiate-induced mood disorder. (Exhibit 2: Physician's order sheets)
3. The Appellant's medications include Coumadin, aspirin, Clonidine, Metoprolol, Zoloft, and a statin drug. (Exhibit 2 and Appellant's testimony)
4. On [REDACTED] 2017, the facility gave the Appellant a Notice of Intent to Discharge because he had been determined by ASCEND, the Department of Social Services' (the "Department") vendor that administers approval of nursing care, to not require nursing facility level of care as of [REDACTED] 2017. The facility also submitted a proposed discharge plan to the Appellant. (Exhibit 4: Notice of Intent to Discharge with discharge plan and Facility's testimony)
5. The proposed discharge plan provides that the Appellant will be discharged to a homeless shelter in the Hartford area. (Exhibit 4 and Social worker's testimony)
6. The Appellant is seeking treatment for anxiety, blood clots, depression, and pain management. (Exhibit 2 and Exhibit 3: Medical/Hospital records)
7. On [REDACTED] 2017, ASCEND issued a Notice of Approval for Short Term Nursing Facility Care that stated the Appellant was determined to need the level of services provided in a nursing facility for a short term stay of 120 days that would end on [REDACTED] 2017. (Exhibit 5: Administrative hearing request and notice of action)
8. The facility proposes that in the event the Appellant does not fare well in a community setting and he is re-admitted to the hospital requiring nursing home level of care, he would be re-admitted to the facility based on his medical conditions at that time. (Social worker's testimony)

## **CONCLUSIONS OF LAW**

1. Connecticut General Statute Section (CGS) 19a-535(b) provides in part: A facility shall not transfer or discharge a resident from the facility except to meet

the welfare of the resident which cannot be met in the facility, or unless the resident no longer needs the services of the facility due to improved health, the facility is required to transfer the resident pursuant to section 17b-359 or section 17b-360, or the health or safety of individuals in the facility is endangered, or in the case of a self-pay resident, for the resident's nonpayment or arrearage of more than fifteen days of the per diem facility room rate, or the facility ceases to operate. In each case the basis for transfer or discharge shall be documented in the resident's medical record by a physician.

2. In documenting the basis for the discharge in the Appellant's medical record the facility did not comply with the requirement in section 19a-535(b) of the Connecticut General Statutes because he has been determined to continue to need the services provided in a nursing facility by the Department's contractor that administers approval for nursing home care.
3. The facility incorrectly proposed to discharge the Appellant because he has been approved for short term nursing facility care until [REDACTED] 2017.
4. The facility's proposal to discharge the Appellant does not comply with state statutes.

### **DECISION**

The Appellant's appeal is **GRANTED**.

*Roberta Gould*  
Roberta Gould  
Hearing Officer

PC: Barbara Cass, CT Department of Public Health  
Desiree Pina, LTC Ombudsman Program  
Administrator, Chelsea Place Care Center

### **RIGHT TO REQUEST RECONSIDERATION**

The appellant has the right to file a written reconsideration request within **15** days of the mailing date of the decision on the grounds there was an error of fact or law, new evidence has been discovered or other good cause exists. If the request for reconsideration is granted, the appellant will be notified within 25 days of the request date. No response within 25 days means that the request for reconsideration has been denied. The right to request a reconsideration is based on §4-181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, what new evidence, or what other good cause exists.

Reconsideration requests should be sent to: Department of Social Services, Director, Office of Administrative Hearings and Appeals, 55 Farmington Avenue, Hartford, CT 06105-3725.

### **RIGHT TO APPEAL**

The appellant has the right to appeal this decision to Superior Court within 45 days of the mailing of this decision, or 45 days after the agency denies a petition for reconsideration of this decision, provided that the petition for reconsideration was filed timely with the Department. The right to appeal is based on §4-183 of the Connecticut General Statutes. To appeal, a petition must be filed at Superior Court. A copy of the petition must be served upon the Office of the Attorney General, 55 Elm Street, Hartford, CT 06106 or the Commissioner of the Department of Social Services, 55 Farmington Avenue, Hartford, CT 06105. A copy of the petition must also be served on all parties to the hearing.

The 45 day appeal period may be extended in certain instances if there is good cause. The extension request must be filed with the Commissioner of the Department of Social Services in writing no later than 90 days from the mailing of the decision. Good cause circumstances are evaluated by the Commissioner or the Commissioner's designee in accordance with §17b-61 of the Connecticut General Statutes. The Agency's decision to grant an extension is final and is not subject to review or appeal.

The appeal should be filed with the clerk of the Superior Court in the Judicial District of New Britain or the Judicial District in which the appellant resides.