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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

The McAuley ALSA
275 Steele Road
West Hartford CT 06117
M:

FLIS Staff

Michael J. Smith RN — Nurse Consultant

Licensure Category:

Assisted Living

Licensed Bed Bassinet Capacity: 226 Apts

Census: 69 ALSA

Date(s) of onsite inspection: 5/14/19

Date(s) additional information obtained: _____

Personnel contacted: Susan LeMay, Director Wellness; Pam Chin RN, SALSA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[ ] Licensing Inspection [ ] *Initial* [X] *Renewal* [ ] *Other (e.g.strikes)*: _____

[ ] Visit **OR** Revisit for the purpose of _____

[ ] See Complaint Investigation # _____

[ ] Violations of the General Statutes of Connecticut and/or regulations of Connecticut State Agencies were identified at the time of this inspection. See attached violation letter dated _____

[ ] Desk Audit _____ [ ] Amended Letter: _____ Original Ltr. _____

[ ] Citation # _____ was issued to this facility as a result of this inspection.

[X] Violations of the General Statutes of Connecticut and/or the regulations of Connecticut State Agencies **were not** identified at the time of this inspection.

[ ] Citation # _____ was/was not verified as corrected. See attached narrative report.

[ ] Narrative report/additional information attached.

[ ] See Certification File.

[ ] Referral(s) to _____

REPORT SUBMITTED BY: Michael J. Smith RN **DATE OF REPORT:** 5/14/19

[ ] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 6-5-19
Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT:

ENTITY: The McAuley ALR

DATE(S) OF VISIT: 5/14/19

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 69 ALR

Number of home visits: 2 observations Number of records reviewed: 4

SALSA: Pam Chin RN

SALSA Designee: Susan LeMay RN

Home health care contracts/contracts:

Name: McLean Home Care

Address: 75 Great Pond Rd
Simsbury CT 06070

Phone: 860-658-3738

Name:

Address:

Phone:

Managed Residential Community visited: The McAuley

Service Coordinator: Jolie Trzaskos MSW

Policy review was done relative to record reviews and/or violations cited as appropriate.

Rev.7/01-

SIGNATURE: M. Smith RN