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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
Atria Crossroads Waterford
1 Beechwood Dr Waterford Ct 06385

FLIS Staff
Laura Boggio RN NC

Licensure Category: #157
ALSA

Licensed Bed Bassinet Capacity: 119

Census: 94

Date(s) of onsite inspection: 5/12/21

Date(s) additional information obtained: _____

Personnel contacted: Jessica Scalia ED

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

[X] Visit **OR** Revisit for the purpose of: ___Covid 19 monitoring visit

[ ] 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 _____

[ ] 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 verified as corrected. See attached narrative report.

[ ] Narrative report/additional information attached.

[ ] See Certification File.

[ ] Referral(s) to _____

REPORT SUBMITTED BY: Laura Boggio RN NC **DATE OF REPORT** 5/12/21

[ ] Approval for issuance of license granted by: _____ **DATE:** _____
Supervisor