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

LICENSING INSPECTION REPORT

Facility DBA and Address

The Residence at Summer Street ALSA
DBA
14 2nd Street
Street Address
Stamford , CT 06905 06902
Municipality *ZIP Code*
M: gsaunders@residencesummerstreet.com

Signature of FLIS Staff

Michael J Smith, RN Nurse Consultant

Survey Team Leader: _____
Supervisor: _____

Licensure Category: ALSA
License Number: _____
Licensed Bed Capacity: ___
Licensed Bassinet Capacity: ___
Census: ___

Date(s) of onsite inspection: December 10, 2021

Date(s) additional information obtained: _____

Personnel contacted: Gina Saunders , Ex Director, Margaret Auz, SALSA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

- ☐ Licensing Inspection ☐ *Initial* ☑ *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 12/15/21
- ☐ Desk Audit _____ ☐ Amended Letter: _____ Original Ltr. _____
- ☐ Citation # _____ was issued to this facility as a result of this inspection.
- ☐ 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 _____

- ☐ CMP fund verification
- ☐ CRF grant verification
- ☐ Shift Coach
- ☐ Full Time Infection Prevention and Control Specialist

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

REPORT SUBMITTED BY: Michael Smith, RN **DATE OF REPORT:** 12/9/21

☒ Approval for issuance of license granted by: [signature] PHDN **DATE:** 12/15/21

Supervisor/Title