

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

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LICENSING INSPECTION REPORT

Facility DBA and Address

Atria Crossroads Place
DBA 157
1 Beechwood Drive
Street Address
Waterford CT 06385
Municipality ZIP Code
M: Jessica.Scalia@atriaseniiorliving.com

Signature of FLIS Staff

Laura Boggio RN NC

Survey Team Leader: Laura Boggio
Supervisor: Cheryl Davis

Licensure Category: ALSA

License Number:

Date(s) of onsite inspection: 12/16/21

Licensed Bed Capacity:

Licensed Bassinet Capacity:

Census: 96

Date(s) additional information obtained:

Personnel contacted: Jessica Scalia Executive Director

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
- ☐ 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**

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REPORT SUBMITTED BY: Laura Boggio RN NC **DATE OF REPORT:** 12/16/21

☒ Approval for issuance of license granted by: [Signature] **DATE:** 12/17/21
Supervisor/Title

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