Masonicare Home Health and Hospice
104 South Turnpike Rd.
Wallingford, CT
#185

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

LICENSING INSPECTION REPORT

Facility DBA and Address (MRC)

Masonicare ALSA / Smithfield Gardens
DBA #185
26 Smith Street
Street Address
Seymour, CT 06483
Municipality ZIP Code
M: tmeade@masonicare.org

Signature of FLIS Staff

Michael J Smith, RN Nurse Consultant

Survey Team Leader: _____
Supervisor: _____

Licensure Category: ALSA
License Number: _____
Licensed Bed Capacity: 56
Licensed Bassinet Capacity: ___
Census: 55

Date(s) of onsite inspection: December 20, 2021

Date(s) additional information obtained: _____

Personnel contacted: Tiffany Meade, RN, 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 _____
- ☐ 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:** 12/20/21

☑ Approval for issuance of license granted by: [signature] **DATE:** 12/22/21

Supervisor/Title