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

Page 1 of ____

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

ATRIA LARSON PLACE

Laura Boggio RN NC

1

1450 Whitney Ave Hamden Ct 06517

Lisa.Mierek@atriaseniorliving.com

Licensure Category: ALSA

161

Census: 86 Capacity: 113

Memory Care/Traditional

22 MC

Date(s) of onsite inspection: 1/31/22

Date(s) additional information obtained: _____

Personnel contacted: Lisa Mierek ED, Elizabeth Salo 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 _____

☐ Verification of Alzheimer's special care units or programs or ☐ Not applicable

☐ Full Time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

REPORT SUBMITTED BY: Laura Boggio RN NC **DATE OF REPORT:** 1/31/22

☒ Approval for issuance of license granted by: Elizabeth T. Henry RN NC **DATE:** 2/14/22
Supervisor/Title

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

Page 2 of ____

LICENSING INSPECTION NARRATIVE REPORT: