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

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity	*Signature of FLIS Staff*	
The Orchards at Southington	**Karen Donato RNC**	**Nurse Consultant**
34 Hobart St.		
Southington, CT. 06489		
Sandy.ingriselli@hhchealth.org		

AL-0035

Licensure Category: ALSA Census: 46 AL Capacity: ____
Memory Care/Traditional ____

Date(s) of onsite inspection: 2/18/2022

Date(s) additional information obtained: _____

Personnel contacted: SALSA: Sandra Ingriselli: Executive Director: LeeAnn Blanchard

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

[] Visit **OR** Revisit for the purpose of

[] See Complaint Investigation_____

[X] 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 [X] Not applicable
[ ] Full Time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

REPORT SUBMITTED BY: Karen Donato RNC DATE OF REPORT: 2/18/2022

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

Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: