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

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
Stamford Senior Housing Lessee
d/b/a Waterstone on High Ridge
215 High Ridge Road, Stamford, Conn.
M: wkaufman@waterstonesl.com

Signature of FLIS Staff
Michael J. Smith, RN
Nurse Consultant

Licensure Category: ALSA

Census: 0 Capacity: 145 apts

Memory Care/Traditional 22 apts memorycare ☐

Date(s) of onsite inspection:
1/25/22

Date(s) additional information obtained: _____

Personnel contacted: Holly Francia-Kiss, SALSA
Wendy Kaufman,Ex Dir

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

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

REPORT SUBMITTED BY: Michael J. Smith, RN 1/25/22 **DATE OF REPORT:** _____

[X] Approval for issuance of license granted by Elizabeth T Henry SNC **DATE:** 2/1/22
Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: