6-30-21

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

Manchester Manor **ALSA LICENSING INSPECTION REPORT**

d/b/a Name and Address of Entity ***Signature of FLIS Staff***

Arbors of Hop Brook – 385 W. Center St Megan Edson-Sawyer Nurse Consultant
403 West Center Street, Manchester, CT- MRC
06040

AL0055

Licensure Category: ALSA Census: 9 Capacity: [ ]
Memory Care/Traditional [ ]

Date(s) of onsite inspection: 3.21.22

Date(s) additional information obtained: _____

Personnel contacted: SALSA Shery Johnson (Shery.johnson@arborsct.com) and Executive Director Chante Drasdis (chante.drasdis@arborsct.com)

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_____

[] 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.

[x] 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: Megan Edson-Sawyer DATE OF REPORT: 3.21.22

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

Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: