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

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
The Landing at North Haven ALSA
201 Clintonville Road
Noth Haven, Ct. 06473
sthompson@leisurecare.com

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

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Licensure Category: ALSA

Census: [ ] Capacity: [ ]
Memory Care/Traditional memory care

Date(s) of onsite inspection:
2/24/22

Date(s) additional information obtained: _____

Personnel contacted: Christopher Sheehan, Ex Dir
Stacey Thompson, SALSA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

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

[xx] See Complaint Investigation 31770

[xx] 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 6/1/22

[ ] 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) _____

[ ] 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_____ **DATE OF REPORT:** **3/4/22 Date of Report**_____

[ ] Approval for issuance of license granted by: Elizabeth T Henley SWC **DATE:** 4/4/22
Supervisor/Title