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

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
Ridgefield Station ALSA
55 Old Quarry Road, Ridgefield, CT 06877
jsimone@RidgefieldSLR.com

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

Licensure Category: ALSA

Census: 98 Capacity: 44 AL SA

Memory Care/ Tranditional memory care 20 clients

Date(s) of onsite inspection: _4/28/22

Date(s) additional information obtained:

Personnel contacted: ___
Joe Simone, Ex Director

Irene Murphy, SALSA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)
[xx] Licensing Inspection [xx] *Initial* [ ] *Renewal* [X] *Other (e.g.strikes)*: _Change of Ownership
Nov, 9 2021

[ ] Visit **OR** Revisit for the purpose of
And vaccinations update

[] 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.

[xx] Violations of the General Statutes of Connecticut and/or the regulations of Connecticut State Agencies **were not** identified at the time of this inspection.

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

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

REPORT SUBMITTED BY: ____Michael J. Smith, RN_____ **DATE OF REPORT:**
Date of Report___4/28/22_____

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

ENTITY: Ridgefield Station

DATE(S) OF VISIT: 4/20/22

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 64

Number of home visits: Observation Number of records reviewed: 3

SALSA: Irene Murphy

SALSA Designee: Robin Boccy 22'

Home health care contracts/contracts:

Name: Ridgefield VNA

Address:

Phone:

Name:

Address:

Phone:

Managed Residential Community visited: Ridgefield Station

Service Coordinator: Joe Simone

Policy review was done relative to record reviews and/or violations cited as appropriate.

Rev.7/01

SIGNATURE: Michael J Smith RN