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*	
Spring Village at Stratford	Megan Edson-Sawyer	Nurse Consultant
6911 Main St. Stratford, Ct 06614		

Licensure Category: ALSA Census: ____ Capacity: ____
Memory Care/Traditional 18

Date(s) of onsite inspection: 04/20/2022

Date(s) additional information obtained: _____

Personnel contacted: Executive Director Nancy Gotschlich (executivedirector@springvillagestratford.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 evaluation 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 _____

[x] 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

REPORT SUBMITTED BY: Megan Edson-Sawyer **DATE OF REPORT: 04.20.2022**

[X] Approval for issuance of license granted by: Elizabeth T Heaney BSN **DATE:** 4/30/22
Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: