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

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
Meadow Ridge Assisted Living
100 Redding Rd. Redding, Ct 06896

Signature of FLIS Staff
Megan Edson-Sawyer — Nurse Consultant

Licensure Category: ALSA

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

Date(s) of onsite inspection: 2.17.22

Date(s) additional information obtained: _____

Personnel contacted: SALSA Nicole Boles (nboles@benchmarkquality.com) and Executive Director Paul Brown (pbrown2@benchmarkquality.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: 2.17.22**

[X] Approval for issuance of license granted by: T. Thenny SWC **DATE:** 2/21/22
Supervisor/Title

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

LICENSING INSPECTION NARRATIVE REPORT:

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

LICENSING INSPECTION REPORT

Facility DBA and Address
MEADOW RIDGE
100 REDDING RD
REDDING, CT 06896-3236

Signature of FLIS Staff
Megan Edson-Scwyer

Original Expiration Date: 09/30/2020

Survey Team Leader:
Supervisor: ET Heiney SNC

License Prefix and Number: ALSA.0000088

Licensed Bed Capacity: ___ **Census:** ___
Licensed Bassinet Capacity: ___

Date(s) of onsite inspection: 2/17/22

Date(s) additional information obtained: _____

Personnel contacted: _____

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

☑ Licensing Inspection ☑ *Renewal for period between September 30, 2018 through September 30, 2020*

☐ 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 _____

☐ CMP fund verification
☐ CRF grant verification
☐ Shift Coach
☐ Full Time Infection Prevention and Control Specialist

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

REPORT SUBMITTED BY: Megen Edson Sawyer **DATE OF REPORT:** 2/17/22

[X] Approval for issuance of license granted by: CT Henry SNC **DATE:** 3/1/22

Supervisor/Title