

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

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BAL Rocky Hill

LICENSING INSPECTION REPORT

Facility DBA and Address

Signature of FLIS Staff

The Atrium at Rocky Hill

Laura Boggio

Nurse Consultant

1760 Elm St Extension

Street Address

Rocky Hill CT 06067

Municipality

ZIP Code

M: asweeney@benchmarkquality.com

Survey Team Leader:

Laura Boggio

Supervisor:

Liz Heiny

Licensure Category: HHC ☒

Licensed Bed Capacity: _____

Census: _____

License Number: _____

Licensed Bassinet Capacity: _____

Date(s) of onsite inspection: 9/6/22

Date(s) additional information obtained: _____

Personnel contacted: Allison Sweeney ED, Christine Burby RN SALSA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

- ☐ Licensing Inspection ☐ Initial ☐ Renewal ☐ Other (e.g. strikes): _____
- ☐ Visit OR Revisit for the purpose of _____
- ☒ See Complaint Investigation # 32806
- ☒ 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**

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REPORT SUBMITTED BY: Laura Boggio **DATE OF REPORT:** 9/6/22

☐ Approval for issuance of license granted by: _____ **DATE:** _____

Supervisor/Title

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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LICENSING INSPECTION NARRATIVE REPORT:

