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

LICENSING INSPECTION REPORT

Facility DBA and Address

Atris Crossroads Place
DBA
~~Beechwood Dr~~
Street Address
Waterford CT 06385 157
Municipality *ZIP Code*
M: Jessica.Scalia@atriaseniorliving.com

Signature of FLIS Staff

Laura Boggio — Nurse Consultant

Survey Team Leader: Laura Boggio
Supervisor: Elizabeth Heiney

Licensure Category: ALSA
License Number: _____
Licensed Bed Capacity: ___
Licensed Bassinet Capacity: ___
Census: 119

Date(s) of onsite inspection: 6/20/2022

Date(s) additional information obtained: _____

Personnel contacted: Jessica Scalia ED, Deb Conner 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 # 32462

☐ 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: Laura Boggio **DATE OF REPORT:** 6/20/22

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

Supervisor/Title

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

LICENSING INSPECTION NARRATIVE REPORT: