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

LICENSING INSPECTION REPORT

Facility DBA and Address

Farmington Station
DBA
111 Scott Swamp Road
Street Address
Farmington CT 06032 0220
Municipality *ZIP Code*
M: mshaus@sir-usa.com

Signature of FLIS Staff

Laura Boggio — Nurse Consultant

Survey Team Leader: _____
Supervisor: _____

Licensure Category: ALSA
License Number: _____
Licensed Bed Capacity: 135
Licensed Bassinet Capacity: ____
Census: 112

Date(s) of onsite inspection: 6/28/22, 6/29/22

Date(s) additional information obtained: _____

Personnel contacted: Micheal Schaus Executive Admin (interim) Samantha Felician (interim ED) Maria Caruso RN SALSA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

- [x] Licensing Inspection ☐ *Initial* ☑ *Renewal* ☐ *Other (e.g.strikes)*: _____
- [ ] Visit **OR** Revisit for the purpose 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 6/12/22
- [ ] 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:** 6/29/22

☒ Approval for issuance of license granted by Elizabeth Tolerney **DATE:** 6/30/22

Supervisor/Title SWC