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

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
Atria Larson Place
1450 Whitney Ave.
Hamden, CT 06517
wayne.dixon@atriaseniorliving.com

Signature of FLIS Staff
Karen Donato RN **Nurse Consultant**

Licensure Category: ALSA 0161 Census: 98 Capacity: 113
Memory Care/Traditional 19/35

Date(s) of onsite inspection: 10/04/2022

Date(s) additional information obtained: _____

Personnel contacted: ED: Wayne Dixon; SALSA: Elizabeth Salo (FMLA); RN Designee: Lashonda Moody

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[X] Licensing Inspection [] *Initial* [X] *Renewal* [ ] *Other (e.g.strikes)*: _____

[X] Visit OR **Revisit for the purpose of reviewing poc for violation letter dated 3/07/22.**

[] 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
[X] Full Time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

REPORT SUBMITTED BY: Karen Donato RNC DATE OF REPORT: 10/04/2022

[ ] Approval for issuance of license granted by: _____ **DATE:** _____
Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: