

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

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LICENSING INSPECTION REPORT

Facility DBA and Address

Signature of FLIS Staff

Atria Crossroads Place

Laura Boggio RN NC

DBA

Beechwood Drive

Street Address

Waterford CT 06385

Municipality

ZIP Code

M: Jessica.Scalia@atriaseniorliving.com

Survey Team Leader: Laura Boggio

Supervisor: Elizabeth Heiney

Licensure Category: ALSA

Licensed Bed Capacity: ____

Census: 96

License Number: 157

Licensed Bassinet Capacity: ____

Date(s) of onsite inspection: 10/5/2022, 10/6/2022

Date(s) additional information obtained: ____

Personnel contacted: Jessica Scalia Executive Director, Deborah Conner 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 # ____
- ☒ 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 RN NC **DATE OF REPORT:** 10/6/22

☐ 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:

