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

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
The Atrium (BAL) of Rocky Hill
1160 Elm St. Ext.
Rocky Hill, CT. 06067
M: asweeney@benchmarkquality.com

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

Licensure Category: ALSA 142 Census: [ ] Capacity: [ ]
Memory Care/Traditional [ ]

Date(s) of onsite inspection: 7/18/22

Date(s) additional information obtained: _____

Personnel contacted: ED: Allyson Sweeney: SALSA: Flora Ibraimi

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

[] Visit **OR** Revisit for the purpose of

[X] See Complaint Investigation: CT #32534

[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 RN DATE OF REPORT: 7/19/22

[ ] Approval for issuance of license granted by: CTeheney ONC **DATE:** 7/22/22
Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: