ltr
ep 1.6-22

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 Residence at Summer Street
14 2nd Street, Stamford, Conn. 06905

mauz@residencesummerstreet.com

Signature of FLIS Staff
Michael J. Smith, RN
Nurse Consultant

Licensure Category: ALSA
0200

Census:
48 Capacity: 32 AL SA

Memory Care/Traditional 16 memory care [ ]

Date(s) of onsite inspection:
2/9/22

Date(s) additional information obtained:
2/10/22

Personnel contacted: ____Margaret Auz, SALSA ____Gina Saunders Ex Dir

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 # __31663

[✓] 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 _____

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

[+] Verification of Alzheimer's special care units or programs or [ ] Not applicable
[+] Full Time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

REPORT SUBMITTED BY: ____Michael J. Smith, RN_____ **DATE OF REPORT:**
2/10/22 Date of Report_____

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

ENTITY: The Residence at Summer Street

DATE(S) OF VISIT: 2/9/22

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: Margaret Alz SALSA 48 clients

Number of home visits: 1 Number of records reviewed: 3

SALSA: Margaret Alz RN

SALSA Designee: Heather Rueda RN

Home health care contracts/contracts:

Name: Sterling Home Care

Address: greenwich

Phone:

Name:

Address:

Phone:

Managed Residential Community visited:

Service Coordinator: Gina Saunders, Ex Director

Policy review was done relative to record reviews and/or violations cited as appropriate.

Reviewed Covid 19 Vaccination Checklist + Policies

Rev.7/01-

SIGNATURE: M. Heather RN