

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

Page 1 of 21
CTH

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

The Saybrook at Haddam
1556 Saybrook Rd, Haddam, CT 06438

Signature of FLIS Staff

Megan Edson-Sawyer Nurse Consultant

Licensure Category: ALSA

Census: ☐ Capacity: ☐

Memory Care/Traditional: ☐

Date(s) of onsite inspection: 01.09.2023

Date(s) additional information obtained: 01.10.2023

Personnel contacted: SALSA Lucille Bowen RN (LBowen@thesaybrookathaddam.com)

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: CT#33558

☒ 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 1/25/23

☐ 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 _____

☒ 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: Megan Edson-Sawyer **DATE OF REPORT:** 01.09.2023

☐ Approval for issuance of license granted by: Lynda Edson-Sawyer SMC **DATE:** 1/26/23
Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT:

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WATER RESOURCES DIVISION

Report of Progress
for the year ending 1961

Submitted by: [Name]

Date: [Date]

Project No. [Number]

Field Station: [Location]

Principal Investigator: [Name]

Co-Investigator: [Name]

Field Assistant: [Name]

Project Description: [Brief description]

Objectives: [List of objectives]

Methods: [Description of methods]

Results: [Summary of results]

Conclusions: [Summary of conclusions]

Recommendations: [List of recommendations]

References: [List of references]

Appendices: [List of appendices]

Tables: [List of tables]

Figures: [List of figures]

Notes: [List of notes]

Summary: [Brief summary]

Conclusion: [Brief conclusion]

Recommendations: [List of recommendations]

References: [List of references]

Appendices: [List of appendices]

Tables: [List of tables]

Figures: [List of figures]

Notes: [List of notes]

Summary: [Brief summary]

Conclusion: [Brief conclusion]

Recommendations: [List of recommendations]

References: [List of references]

Appendices: [List of appendices]

Tables: [List of tables]

Figures: [List of figures]

Notes: [List of notes]