

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

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ALSA LICENSING INSPECTION REPORT

Signature of FLIS Staff

The Residence at Westport ALSA

1141 Post Road East
Westport, Conn. 06880

hmanickam@residencewestport.com

Michael J. Smith, RN Nurse
Consultant

Licensure Category: ALSA

Census: 76 clients

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Date(s) of onsite inspection: **March 30, 2023**

Date(s) additional information obtained:

Personnel contacted: _____

Hanithah Manickam, Ex. Director Missy Stenqvist, RN, SALSA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

☐ Licensing Inspection ☐ Initial ☐ Renewal ☐ Other (Monitoring Visit)

☐ Visit **OR** Revisit for the purpose of
And vaccinations update

[xx] CT# 34259 _____

☐ 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.

**STRIKE MONITORING SUPPLEMENT TO
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☒ 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.

☐

☒ Verification of Alzheimer's special care units or programs

☒ Part Time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

REPORT SUBMITTED BY: _____ Michael J. Smith, RN _____

DATE OF REPORT:

Date of Report 4/1/23 _____

☐ Approval for issuance of license granted by: Elizabeth J. Huggins SMC **DATE:** 4/6/23
Supervisor/Title

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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LICENSING INSPECTION NARRATIVE REPORT:

Review of Gov't Authority, Quality Assurance Committee Minutes, personnel files, Clinical Record Reviews,
Review of staffing. Tour.

