Sector 3

2017

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

The Orchards ALR
341 Hobart Street
Southington CT 06489
M: 860-628-5656

Signature of FLIS Staff

Michel Jones RN, Nurse Consultant

Licensure Category: Assisted Living Agency

Licensed Bed / Bassinet Capacity: 90 apts

Census: 83 clients

Date(s) of onsite inspection: May 11, 2017

Date(s) additional information obtained: ___

Personnel contacted: Audrey Vinci, Ex. Director; Sandra Ingriselli, RN SAUN

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[ ] Licensing Inspection [ ] *Initial* [X] *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.

[X] 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 ___

REPORT SUBMITTED BY: Michel Jones **DATE OF REPORT:** May 11, 2017

Approval for issuance of license granted by: Loan D Nguyen **DATE:** 5-15-17
Supervisor/Title