Section 3

2017

385 West Center St.
Manchester, CT

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Manchester Manor
403 West Center St (MRC)
Manchester CT 06040-4738
M:
Ph: 860-533-2521 Fax: 860-647-7509

Signature of FLIS Staff

Melissa J. San Souci RN Nurse Consultant

Licensure Category:

Assisted Living Agency

Licensed Bed
Bassinet Capacity: ___

Census: 10

Date(s) of onsite inspection: 12/15/17 no memory care

Date(s) additional information obtained: ___

Personnel contacted: Charté Drasdis, ED, Pat Hills RN SALSA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[Y] Licensing Inspection [ ] *Initial* [Y] *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: Melissa J. San Souci RN **DATE OF REPORT:** 12/15/17

[V] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 12-18-17
Supervisor/Title

ENTITY: Manchester Manor

DATE(S) OF VISIT: 12/15/17

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 10
Number of home visits: 1 Number of records reviewed: 3
SALSA: Pat Hains RN
SALSA Designee: Nancy Miller
Home health care contracts/contracts:

Name: VNHSC - Vernon
Address: 8 Keynote Dr
Vernon CT
Phone: 860-872-9163

Name:
Address:
Phone:

Managed Residential Community visited: Arbors of Hop Brook
Service Coordinator: Nancy Miller

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

Rev.7/04-

SIGNATURE: Melissa J Gaudreau

DEPARTMENT OF PUBLIC HEALTH
HOSPITAL AND MEDICAL CARE DIVISION

INSPECTION MATERIALS CHECKLIST
ASSISTED LIVING SERVICES AGENCY

Assisted Living Services Agency MM ALSA

Address 463 West Center St

City Manchester State Ct Zip Code 06040

The Inspection Materials Checklist is to be used to identify any new or revised agency materials since the last licensure inspection. Please complete as appropriate for your agency and have any materials so identified available for review.

Agency Materials	New	Revised
BY-LAWS OR RULES OF ORDER		
POLICIES/PROCEDURES		
Client Care Policies/Procedures		
o Admission		
o Assisted Living Aide Program		
o Discharge		
o Emergency		
o Administration of Medications		
o Complaint Procedure		
Nursing Service		
PERSONNEL POLICIES-for the assisted living services agency		
Orientation		
In-service education		
Required health examinations		
Annual performance evaluation policy		
Job description-supervisor of assisted living services		
Job description-assisted living aide		
QUALITY ASSURANCE PROGRAM/PLAN		
BILL OF RIGHTS		
PUBLIC INFORMATION MATERIALS		

PLEASE IDENTIFY ANY OTHER NEW MATERIALS DEVELOPED

No Changes

Supervisor of Assisted Living Services Signature: Pat Willard

Date: 12/15/17