Section 3

2017

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

LICENSING INSPECTION REPORT

OaL 0001

9-17

d/b/a Name and Address of Entity

Whitney Center
200 Putnam Street
Hamden CT 06517

M:

Ph 203-281-6745

Signature of FLIS Staff

Melissa J. SanSouci RN Nurse Consultant

Licensure Category:

Assisted Living

Licensed Bed
Bassinet Capacity: ___

Census:
Memory 10
~~Traditional 33~~
43

Date(s) of onsite inspection: 12/14/17

Date(s) additional information obtained: ___

Personnel contacted: Peggy Smith RN, Sousa, Patty Simms RN Designee

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[X] 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.

[Y] 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. SanSouci RN **DATE OF REPORT:** 12/14/17

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

DEPARTMENT OF PUBLIC HEALTH
HOSPITAL AND MEDICAL CARE DIVISION

INSPECTION MATERIALS CHECKLIST
ASSISTED LIVING SERVICES AGENCY

Assisted Living Services Agency Whitney Center

Address 200 Leeder Hill Drive

City Hamden State CT Zip Code 06517

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 New Evaluation Process Quarterly Coaching Sessions

Supervisor of Assisted Living Services Signature: Margaret Longo-Smith RN

Date: 12/14/17

ENTITY: Whitney Center

DATE(S) OF VISIT: 12/14/17

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 43
Number of home visits: 1 Number of records reviewed: 3
SALSA: Peggy Smith RN
SALSA Designee: Patty Simell RN
Home health care contracts/contracts:
Name: Interim HC North Haven
Address: 278 State St
North Haven CT 06473
Phone: 230-230-4785

Name:
Address:
Phone:

Managed Residential Community visited: Whitney Center
Service Coordinator: Peggy Joyce RN

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

Rev.7/04-

SIGNATURE: Nyolia J San Souci RN