eff. 12-2016
dlc to lic

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Essex Meadows
30 Bokum Rd
Essex CT 06426
M:

Signature of FLIS Staff

Nora Sarrum
Michael J. Smith RN

Irene Consuelo
Nurse Consultant

Licensure Category:

Assisted Living

Licensed Bed Bassinet Capacity: _____

Census: 24

Date(s) of onsite inspection: 7/14/17, 7/17/17

Date(s) additional information obtained: _____

Personnel contacted: Angela Christie Director of Resident Services Cindy Robichaud SAWA, Carol Gordon 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.

[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: Nora Sarrum **DATE OF REPORT:** 7-17-17

[X] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 7-20-17
Supervisor/Title

DEPARTMENT OF PUBLIC HEALTH
HOSPITAL AND MEDICAL CARE DIVISION

INSPECTION MATERIALS CHECKLIST
ASSISTED LIVING SERVICES AGENCY

Assisted Living Services Agency Essex Meadows CCRC

Address 30 Bokum Rd

City Essex State CT Zip Code 06426

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		Feb 2017
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		7/14/17
PUBLIC INFORMATION MATERIALS		

PLEASE IDENTIFY ANY OTHER NEW MATERIALS DEVELOPED

Essex Meadows EMS was revised May 2017

Supervisor of Assisted Living Services Signature: Cynthia Lobstein RN

Date: 07/14/2017

0200N/3

ENTITY: Essex Meadows

DATE(S) OF VISIT: 7/14/17

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 24

Number of home visits: 2 Number of records reviewed: 4

SALSA: Cindy Robichaud

SALSA Designee: Carol Gordon

Home health care contracts/contracts:

Name: Health at Home

Address:

Branford CT

Phone: 203-488 9915

Name:

Address:

Phone:

Managed Residential Community visited:

Service Coordinator: Angela Christie

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

Rev.7/01-

SIGNATURE: Arlene Lazzaro