2017

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Atria Larson Place
1450 Whitney Avenue
Hamden, Conn 06517
M: 203-248-8833

Signature of FLIS Staff

Michael J. Smith RN, Nurse Consultant

Licensure Category:

Assisted Living Services

Licensed Bed Bassinet Capacity: 113
Life Guidance

Census: 98 Residents
19 Dementia

Date(s) of onsite inspection: Nov 7, 2017

Date(s) additional information obtained: ___

Personnel contacted: Lisa Mierek Ex. Director; Jennifer Whitaker, Secretary

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: Michael J. Smith RN **DATE OF REPORT:** 11/7/17

[ ] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 11-15-17
Supervisor/Title

ENTITY: Alma Larson Place

DATE(S) OF VISIT: Nov 7, 2017

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 98
Number of home visits: _____ Number of records reviewed: _____
SALSA: Jennifer Whittaker RN
SALSA Designee: Raven Burnett RN
Home health care contracts/contracts:
Name: Constellation Home Care
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

Managed Residential Community visited: Alma Larson Place
Service Coordinator: Lisa Mierek, Ex. Director

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

SIGNATURE: Michael Johnson RN

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
Atria Larson Place
1450 Whitney Avenue
Hamden, Conn 06517
M: 203-248-8833

Signature of FLIS Staff
Michel J. Lavoie RN, Nurs. Consult

Licensure Category:
Assisted Living Services

Licensed Bed Bassinet Capacity: 113
Life Guidance

Census: 98 Residents
19 Dementia

Date(s) of onsite inspection: Nov 7, 2017

Date(s) additional information obtained: ___

Personnel contacted: Lisa Mierelc Ex. Director; Jennifer Whittaker, Dir.

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[X] Licensing Inspection [ ] *Initial* [X] *Renewal* [ ] *Other (e.g.strikes):* ___

[ ] Visit **OR** Revisit for the purpose of ___

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[ ] See Certification File.

[ ] Referral(s) to ___

REPORT SUBMITTED BY: Michel J. Lavoie RN **DATE OF REPORT:** 11/7/17

Approval for issuance of license granted by: Joan D'Haenen **DATE:** 11-8-17
Supervisor/Title

s:flis\hsr\FACESHEETS
Revised 12/2016

ENTITY: Alma Larson Place

DATE(S) OF VISIT: Nov 7, 2017

LICENSING INSPECTION NARRATIVE REPORT

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Managed Residential Community visited: Alma Larson Place
Service Coordinator: Lisa Mierek, Ex. Director

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

SIGNATURE: Michael Johnston RN