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

LICENSING INSPECTION REPORT

Facility DBA and Address

HarborChase of Madison
DBA
100 Bradley Rd
Street Address
Madison CT 06443
Municipality *ZIP Code*
M: dboreham@harborchase.com

Signature of FLIS Staff

Megan Edson-Sawyer — Nurse Consultant

Survey Team Leader: Megan Edson-Sawyer
Supervisor: Elizabeth Heiney

Licensure Category: ALSA
License Number: _____
Licensed Bed Capacity: ____
Licensed Bassinet Capacity: ____
Census: ____

Date(s) of onsite inspection: 10/11/2023

Date(s) additional information obtained: _____

Personnel contacted: Executive Director Dianne Boreham

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

- ☑ Licensing Inspection ☑ *Initial* ☐ *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.
- ☑ 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 _____

- ☐ CMP fund verification
- ☐ CRF grant verification
- ☐ Shift Coach
- ☑ Full Time Infection Prevention and Control Specialist

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

REPORT SUBMITTED BY: Megan Edson-Sawyer **DATE OF REPORT:** 10/11/23

☑ Approval for issuance of license granted by Chris Pitsch **DATE:** 10/12/23

Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT:

A licensure inspection was conducted for a change of ownership of the assisted living services agency on 10.11.2023 which consisted of a tour of the agency, review of policies and procedures, review of the complaint log, governing authority meeting minutes, quality assurance program, agency documentation, personnel files of the Nurses' Aides, review of the medication administration program and client charts.