

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

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LICENSING INSPECTION REPORT

<i>Facility DBA and Address</i>	<i>Signature of FLIS Staff</i>	
HarborChase of Madison	<u>Megan Edson-Sawyer</u>	<u>Nurse Consultant</u>
<i>DBA</i>	_____	_____
100 Bradley Rd	_____	_____
<i>Street Address</i>	_____	_____
Madison CT 06443	_____	_____
<i>Municipality ZIP Code</i>	_____	_____
M: dboreham@harborchase.com	Survey Team Leader: <u>Megan Edson-Sawyer</u>	
	Supervisor: <u>Elizabeth Heiney</u>	

Licensure Category: ALSA

Licensed Bed Capacity: _____

Census: _____

License Number: _____

Licensed Bassinet Capacity: _____

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

Date(s) additional information obtained: _____

Personnel contacted: Executive Director Dianne Boreham

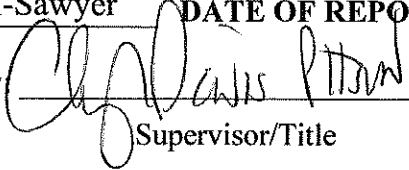
REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

- ☒ 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**

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

☒ Approval for issuance of license granted by  **DATE:** 10/12/23
Supervisor/Title

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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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.