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

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity	*Signature of FLIS Staff*	
The Residence at Ferry Park	**Karen Donato RN**	**Nurse Consultant**
60 Cold Spring Road		
Rocky Hill, CT 06067		
twilliams@residenceferrypark.com		

Licensure Category: ALSA Census: [ ] Capacity: [ ]
Memory Care/Traditional [ ]

Date(s) of onsite inspection: 10/26/23

Date(s) additional information obtained: _____

Personnel contacted: ED: Theresa Williams; SALSA: (Regional) Debbie Bartosiewicz; Designee: Vacant

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

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

[X] See Complaint Investigation #36145

[X] 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 11/6/23

[ ] 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 _____

[X] Verification of Alzheimer's special care units or programs or [ ] Not applicable
[ ] Full Time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

REPORT SUBMITTED BY: Karen Donato RNC **DATE OF REPORT: 10/26/23**

[ ] Approval for issuance of license granted by: Elizabeth Tuttle **DATE:** 11/6/23
Supervisor/Title RN C