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

LICENSING INSPECTION REPORT

Facility DBA and Address

Farmington Station
DBA
111 Scott Swamp Rd.
Street Address
Farmington CT 06032
Municipality *ZIP Code*
M: mcarney@farmingtonSLR.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: 09/14/2023 and 09/18/2023

Date(s) additional information obtained: _____

Personnel contacted: SALSA Mermisa Carney

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 # CT35750
- [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 10/15/23
- [ ] 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 _____

- ☐ 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:** 9/18/23

☐ Approval for issuance of license granted by: Elizabeth T Henry SWC **DATE:** 9/30/23

Supervisor/Title