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

LICENSING INSPECTION REPORT

Facility DBA and Address

The Cascades

13 Parklawn Drive, Bethel, CT. 06801

M:

Signature of FLIS Staff

Survey Team Leader: Michael J. Smith
Supervisor: Liz Heiney

Licensure Category: ALSA
License Number: _____
Licensed Bed Capacity: 42apts
Licensed Bassinet Capacity: ____
Census: 16 AL

Date(s) of onsite inspection: January 8,2024

Date(s) additional information obtained: _____

Personnel contacted: Maureen Farrington, RN SALSA

Email Address: DJackson-Elliott@nathealthcare.com

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

- [x] 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.
- [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 DATE OF REPORT: January 9, 2024

[X] Approval for issuance of license granted by: Elizabeth Tierney SNC DATE: 1/10/24

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

LICENSING INSPECTION NARRATIVE REPORT:

Tour of Community, Gov't Authority Meeting, Quality Assurance Committee Meeting, personnel review, review complaint Log, Clients' chart review