

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

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ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Spring Village at Stratford
6911 Main St. Stratford, CT 06614
executivedirector@springvillagestratford.com

Signature of FLIS Staff

Karen Donato

Nurse Consultant

Licensure Category: **ALSA**

Census: Capacity:

Memory Care/Traditional

Date(s) of onsite inspection: 1/11/24

Date(s) additional information obtained: _____

Personnel contacted: **ED: Nancy Gotschlich; SALSA: Catherine Violette**

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: CT #37086

☒ 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 1/31/24

☐ 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 _____

☒ 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: 1/11/2024

☐ Approval for issuance of license granted by: Elizabeth Tolomey DATE: 1/31/24
Supervisor/Title Jenc