Section 3

2022

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

LICENSING INSPECTION REPORT

Facility DBA and Address

Atria Crossroads Place
DBA
1 Beechwood Drive
Street Address
Waterford CT 06385
Municipality *ZIP Code*
M: Jessica.Scalia@atriaseniorliving.com

Signature of FLIS Staff

Laura Boggio RN NC

Survey Team Leader: Laura Boggio
Supervisor: Elizabeth Heiney

Licensure Category: ALSA
License Number: 0157
Licensed Bed Capacity: ___
Licensed Bassinet Capacity: ___
Census: 96

Date(s) of onsite inspection: 10/5/2022, 10/6/2022

Date(s) additional information obtained: _____

Personnel contacted: Jessica Scalia Executive Director, Deborah Conner RN SALSA

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 # _____
- [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 11/14/22
- [ ] 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: Laura Boggio RN NC **DATE OF REPORT:** 10/6/22

☒ Approval for issuance of license granted by: Elizabeth Tierney **DATE:** 10/28/22

Supervisor/Title SN C

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

LICENSING INSPECTION REPORT

Facility DBA and Address

Atria Crossroads Place
DBA
Beechwood Drive
Street Address
Waterford CT 06385
Municipality *ZIP Code*
M: Jessica.Scalia@atriaseniorliving.com

Signature of FLIS Staff

Laura Boggio RN NC

Survey Team Leader: Laura Boggio
Supervisor: Elizabeth Heiney

Licensure Category: ALSA
License Number: 157
Licensed Bed Capacity: ___
Licensed Bassinet Capacity: ___
Census: 96

Date(s) of onsite inspection: 10/5/2022, 10/6/2022

Date(s) additional information obtained: ___

Personnel contacted: Jessica Scalia Executive Director, Deborah Conner RN SALSA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

- [x] Licensing Inspection — [ ] *Initial* [x] *Renewal* [ ] *Other (e.g.strikes)*: ___
- [ ] Visit **OR** Revisit for the purpose of ___
- [ ] See Complaint Investigation # ___
- [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 ___
- [ ] 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: Laura Boggio RN NC **DATE OF REPORT:** 10/6/22

☐ Approval for issuance of license granted by: _____ **DATE:** _____

Supervisor/Title

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

LICENSING INSPECTION NARRATIVE REPORT:

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

LICENSING INSPECTION REPORT

Facility DBA and Address

Atris Crossroads Place
DBA
Beechwood Dr
Street Address
Waterford CT 06385 157
Municipality *ZIP Code*
M: Jessica.Scalia@atriaseniorliving.com

Signature of FLIS Staff

Laura Boggio — Nurse Consultant

Survey Team Leader: Laura Boggio
Supervisor: Elizabeth Heiney

Licensure Category: ALSA
License Number: _____
Licensed Bed Capacity: ____
Licensed Bassinet Capacity: ____
Census: 119

Date(s) of onsite inspection: 6/20/2022

Date(s) additional information obtained: _____

Personnel contacted: Jessica Scalia ED, Deb Conner Salsa

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 # 32462

☐ 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

REPORT SUBMITTED BY: Laura Boggio **DATE OF REPORT:** 6/20/22

☐ Approval for issuance of license granted by: _____ **DATE:** _____

Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: