2021

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

LICENSING INSPECTION REPORT

Facility DBA and Address

Atria Crossroads Place 157
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: Cheryl Davis

Licensure Category: ALSA
License Number:
Licensed Bed Capacity:
Licensed Bassinet Capacity:
Census: 96
Date(s) of onsite inspection: 12/16/21

Date(s) additional information obtained:

Personnel contacted: Jessica Scalia Executive Director

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 #
- ☑ 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:** 12/16/21

☒ Approval for issuance of license granted by: _____ **DATE:** 12/17/21

Supervisor/Title

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
Atria Crossroads Waterford
1 Beechwood Dr Waterford Ct 06385

FLIS Staff
Laura Boggio RN NC

Licensure Category: ALSA #157

Licensed Bed Bassinet Capacity: 119

Census: 94

Date(s) of onsite inspection: 5/12/21

Date(s) additional information obtained: _____

Personnel contacted: Jessica Scalia ED

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

[X] Visit **OR** Revisit for the purpose of: ___Covid 19 monitoring visit

[ ] 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 _____

[ ] 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 verified as corrected. See attached narrative report.

[ ] Narrative report/additional information attached.

[ ] See Certification File.

[ ] Referral(s) to _____

REPORT SUBMITTED BY: Laura Boggio RN NC **DATE OF REPORT** 5/12/21

[ ] Approval for issuance of license granted by: _____ **DATE:** _____
Supervisor