Section 3

2022

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

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
Atria Larson Place
1450 Whitney Ave.
Hamden, CT 06517
wayne.dixon@atriaseniorliving.com

Signature of FLIS Staff
Karen Donato RN **Nurse Consultant**

Licensure Category: ALSA 0161

Census: 98 Capacity: 113
Memory Care/Traditional 19/35

Date(s) of onsite inspection: 10/04/2022

Date(s) additional information obtained: _____

Personnel contacted: ED: Wayne Dixon; SALSA: Elizabeth Salo (FMLA); RN Designee: Lashonda Moody

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

[X] Visit OR **Revisit for the purpose of reviewing poc for violation letter dated 3/07/22.**

[ ] 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 _____

[X] Verification of Alzheimer's special care units or programs or [ ] Not applicable
[X] Full Time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

REPORT SUBMITTED BY: Karen Donato RNC DATE OF REPORT: 10/04/2022

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

LICENSING INSPECTION NARRATIVE REPORT:

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

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity	*Signature of FLIS Staff*	
Geer Village	**Karen Donato RN**	**Nurse Consultant**
77 South Canaan Rd.		
Canaan, CT 06018		
koconnell@geercares.org 0093		

Licensure Category: ALSA Census: 90 Capacity: 122
Memory Care/Traditional 37/45

Date(s) of onsite inspection: 10/03/2022

Date(s) additional information obtained: _____

Personnel contacted: ED: Kevin O'Connell; SALSA: Robin Annecharico

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 _____

[X] Verification of Alzheimer's special care units or programs or [ ] Not applicable
[X] Full Time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

REPORT SUBMITTED BY: Karen Donato RNC DATE OF REPORT: 10/04/2022

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

LICENSING INSPECTION NARRATIVE REPORT:

ALSA 161

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

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
ATRIA LARSON PLACE
1450 Whitney Ave Hamden Ct 06517
Lisa.Mierek@atriaseniorliving.com

Signature of FLIS Staff
Laura Boggio RN NC

Licensure Category: ALSA

Census: 86 Capacity: 113
Memory Care/Traditional 22 MC

Date(s) of onsite inspection: 1/31/22

Date(s) additional information obtained:

Personnel contacted: Lisa Mierek ED, Elizabeth Salo 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 2/8/22

[ ] 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

[ ] 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: Laura Boggio RN NC **DATE OF REPORT:** 1/31/22

[ ] Approval for issuance of license granted by: Elizabeth T Salo **DATE:** 2/8/22
Supervisor/Title

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

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity *1*

ATRIA LARSON PLACE **Laura Boggio RN NC**
1450 Whitney Ave Hamden Ct 06517
Lisa.Mierek@atriaseniorliving.com

Licensure Category: ALSA 161 Census: 86 Capacity: 113
Memory Care/Traditional 22 MC

Date(s) of onsite inspection: 1/31/22

Date(s) additional information obtained: _____

Personnel contacted: _Lisa Mierek ED, Elizabeth Salo SALSA_____

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[ ] 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 _____

[ ] 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: _Laura Boggio RN NC_____ **DATE OF REPORT:** _1/31/22_____

[X] Approval for issuance of license granted by: Elizabeth Tetreau SNC **DATE:** 2/14/22
Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT:

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

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
ATRIA LARSON PLACE
1450 Whitney Ave Hamden Ct 06517
Lisa.Mierek@atriaseniorliving.com

Signature of FLIS Staff
Laura Boggio RN NC

Licensure Category: ALSA 161 Census: 86 Capacity: 113
Memory Care/Traditional 22 MC

Date(s) of onsite inspection: 1/31/22

Date(s) additional information obtained:

Personnel contacted: Lisa Mierek ED, Elizabeth Salo 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 2/8/22

[ ] 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

[ ] 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: Laura Boggio RN NC **DATE OF REPORT:** 1/31/22

[ ] Approval for issuance of license granted by: Elizabeth Heiney **DATE:** 2/8/22
Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: