2023

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

ALSA LICENSING INSPECTION REPORT

Signature of FLIS Staff

BAL Rocky Hill / The Atrium

1160 Elm Street Ext
Rocky Hill, Conn. 06067
xchristopoulos@benchmarkquality.com

Michael J. Smith, RN
Nurse Consultant

Licensure Category: ALSA Census: [ ] memory care [ ]

Date(s) of onsite inspection: 6/28/23

Date(s) additional information obtained:

Personnel contacted:
Xrista Christopoulos, Ex Director , Page Meindetto, SALSA (Acting/ Regional Nurse)

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

[ ] Visit **OR** Revisit for the purpose of
And vaccinations update

-[xx] _Complaint_#34787

[xx] 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 9/23/23

[ ] 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.

[ ] See Certification File. 2 of 2

[ ] Referral(s) _____

[x] Verification of Alzheimer's special care units or programs
[xx] Full Time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

REPORT SUBMITTED BY: ____Michael J. Smith, RN_____ **DATE OF REPORT:**
Date of Report___6/29/23 _____

[ ] Approval for issuance of license granted by: Elizabeth Tetreau **DATE:** 7/8/23
Supervisor/Title SNC

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0142

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Date(s) of onsite inspection: 6/28/23

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Personnel contacted: ___
Xrista Christopoulos, Ex Director , Page Meindetto, SALSA (Acting/ Regional Nurse)

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[ ] Visit **OR** Revisit for the purpose of
And vaccinations update

-[xx] _Complaint_#34787

[xx] 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 8/3/23

[ ] Desk Audit _____ [ ] Amended Letter: _____Original Ltr._____

[ ] Citation # _____ was issued to this facility as a result of this inspection.

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[ ] See Certification File.

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[xx] Verification of Alzheimer's special care units or programs
[xx] Full Time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

REPORT SUBMITTED BY: ____Michael J. Smith, RN_____ **DATE OF REPORT:**
Date of Report___6/29/23 _____

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