Section 3

2022

BAL-Rocky Hill

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

LICENSING INSPECTION REPORT

Facility DBA and Address

The Atrium at Rocky Hill
DBA
1160 Elm St Extension
Street Address
Rocky Hill CT 06067
Municipality *ZIP Code*
M: asweeney@benchmarkquality.com

142

Signature of FLIS Staff

Laura Boggio — Nurse Consultant

Survey Team Leader: Luara Boggio
Supervisor: Liz Heiny

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

Date(s) of onsite inspection: 9/6/22

Date(s) additional information obtained: _____

Personnel contacted: Allison Sweeney ED, Christine Burby RN 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 # 32806
- ☑ 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 10/4/22
- ☐ 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 **DATE OF REPORT:** 9/6/22

☐ Approval for issuance of license granted by: Liz Heinzy SNC **DATE:** 9/9/22

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	*Signature of FLIS Staff*	
The Atrium (BAL) of Rocky Hill	**Karen Donato RN**	**Nurse Consultant**
1160 Elm St. Ext.		
Rocky Hill, CT. 06067		
M: asweeney@benchmarkquality.com		

Licensure Category: ALSA 142 Census: [ ] Capacity: [ ]
Memory Care/Traditional [ ]

Date(s) of onsite inspection: 7/18/22

Date(s) additional information obtained: _____

Personnel contacted: ED: Allyson Sweeney: SALSA: Flora Ibraimi

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

[] Visit **OR** Revisit for the purpose of

[X] See Complaint Investigation: CT #32534

[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 RN **DATE OF REPORT: 7/19/22**

[ ] Approval for issuance of license granted by: CTeneney ONC **DATE:** 7/22/22
Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT:

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

BAL-Rocky Hill

LICENSING INSPECTION REPORT

Facility DBA and Address

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DBA
1160 Elm St Extension
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Signature of FLIS Staff

Laura Boggio — Nurse Consultant

Survey Team Leader: Luara Boggio
Supervisor: Liz Heiny

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

Date(s) of onsite inspection: 9/6/22

Date(s) additional information obtained: _____

Personnel contacted: Allison Sweeney ED, Christine Burby RN 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 # 32806
- ☑ 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:** 9/6/22

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

Supervisor/Title

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

LICENSING INSPECTION NARRATIVE REPORT: