2017

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

BAL Rocky Hill
1160 Elm St
Rocky Hill CT 06067
M: same
Ph
Fax

Signature of FLIS Staff

Melissa J. San Souci RN Nurse Consultant

Licensure Category:

ALSA

Licensed Bed
Bassinet Capacity: 60

Census: 53

Date(s) of onsite inspection: 04/07/17, 04/10/17

Date(s) additional information obtained: 4/13/17

Personnel contacted: Paige Menditto, RN SALSA, Mary Jo Besitka Regional Director of Resident Care
Kayla Perruccio Dir Business Adm

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 # _____

[ ] 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.

[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/was not verified as corrected. See attached narrative report.

[ ] Narrative report/additional information attached.

[ ] See Certification File.

[ ] Referral(s) to _____

REPORT SUBMITTED BY: Melissa J. San Souci **DATE OF REPORT:** 04/10/17

[ ] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 4-18-17
Supervisor/Title

ENTITY: BAL Rocky Hill

DATE(S) OF VISIT: 04/07/17

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 53

Number of home visits: _____ Number of records reviewed: _____

SALSA: Paige Meaditte RN

SALSA Designee: Patricia Paul RN

Home health care contracts/contracts:

Name: Encompass

Address: _____

Rocky Hill

Phone: _____

Name: _____

Address: _____

_____

Phone: _____

Managed Residential Community visited: Atrium at Rocky Hill

Service Coordinator: Irene Blumenthal

Policy review was done relative to record reviews and/or violations cited as appropriate.

Rev. 7/04-

SIGNATURE: Melissa J. Sansoucie RN

DEPARTMENT OF PUBLIC HEALTH
HOSPITAL AND MEDICAL CARE DIVISION

INSPECTION MATERIALS CHECKLIST
ASSISTED LIVING SERVICES AGENCY

Assisted Living Services Agency The Atrium at Rocky Hill

Address 1160 Elm St Ext

City Rocky Hill State CT Zip Code 06067

The Inspection Materials Checklist is to be used to identify any new or revised agency materials since the last licensure inspection. Please complete as appropriate for your agency and have any materials so identified available for review.

Agency Materials	New	Revised
BY-LAWS OR RULES OF ORDER		
POLICIES/PROCEDURES		
Client Care Policies/Procedures		
o Admission		
o Assisted Living Aide Program		
o Discharge		
o Emergency		
o Administration of Medications		
o Complaint Procedure		
Nursing Service		
PERSONNEL POLICIES-for the assisted living services agency		
Orientation		
In-service education		
Required health examinations		
Annual performance evaluation policy		
Job description-supervisor of assisted living services		
Job description-assisted living aide		
QUALITY ASSURANCE PROGRAM/PLAN		
BILL OF RIGHTS		
PUBLIC INFORMATION MATERIALS		

PLEASE IDENTIFY ANY OTHER NEW MATERIALS DEVELOPED

Weights and Vital signs

Supervisor of Assisted Living Services Signature: Paige Menelato RN RCC

Date: 4/7/17