2022

Section 3

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 Cascades	**Karen Donato RN**	**Nurse Consultant**
13 Parklawn Drive		
Bethel, CT 06801		
L.Shortt@nahealthcare.com		

0097

Licensure Category: ALSA Census: 37 Capacity: 42
Memory Care/Traditional 10 trad

Date(s) of onsite inspection: 5/19/2022

Date(s) additional information obtained: _____

Personnel contacted: **SALSA: Maureen Farrington; ED: Laura Shortt**

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 _____

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

REPORT SUBMITTED BY: **Karen Donato RN** **DATE OF REPORT:** **5/19/2022**

[/\] Approval for issuance of license granted by: Elizabeth J Heeg **DATE:** 6/3/22
Supervisor/Title SWC

LICENSING INSPECTION NARRATIVE REPORT: