2019

Section 3

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

The Cascades Assisted Living
13 Parklawn Drive
Bethel CT
M: Llent@nationalhealthcare.com
Ph: 203 830 7390

FLIS Staff

Melissa J SanSouci RN Nurse Consultant

Licensure Category:

Assisted Living Services Agency

Licensed Bed Bassinet Capacity: 42

Census: 24

Date(s) of onsite inspection: 12/03/19

Date(s) additional information obtained: _____

Personnel contacted: Lorean Lent RN Supv, David Ostermayer ED

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 SanSouci **DATE OF REPORT:** 12/03/19

[✓] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 12-5-19
Supervisor/Title

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DEPARTMENT OF PUBLIC HEALTH
HOSPITAL AND MEDICAL CARE DIVISION

INSPECTION MATERIALS CHECKLIST
ASSISTED LIVING SERVICES AGENCY

Assisted Living Services Agency The Cascades Assisted Living

Address 13 Parklawn Dr

City Bethel State CT Zip Code 06801

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 _____

Supervisor of Assisted Living Services Signature: [signature]

Date: 12-3-19

ENTITY: The Cascades ALSA

DATE(S) OF VISIT: 12/03/19

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: _____

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

SALSA: Lorcan Lent RN

SALSA Designee: SOF nurse intern

Home health care contracts/contracts: Bethel HC

CRR ✓ Name: Western CT

Address: 100 Saw Mill Rd

Danbury CT 06810

Phone: 203 792 4120

Continuing Care Preferred provider CRR Name: Regional Hospice

Address: 90 Milestone Rd.

Danbury CT

Phone: 203 797 7400

Managed Residential Community visited: The Cascades

Service Coordinator: Anita Emmons

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

Rev.7/04-

SIGNATURE: Melissa J. San Souci RN