Section 3

2022

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

LICENSING INSPECTION REPORT

Facility DBA and Address

The Saybrook at Haddam
DBA
1556 Saybrook Rd
Street Address
Haddam CT 06438
Municipality *ZIP Code*
M: PPhillips@thesaybrookathadddam.com

Signature of FLIS Staff

Laura Boggio — Nurse Consultant
Karen Danato — Nurse consultant

Survey Team Leader: Laura Boggio
Supervisor:

Licensure Category: ALSA
License Number:
Licensed Bed Capacity:
Licensed Bassinet Capacity:
Census: 69

Date(s) of onsite inspection: 10/17/22, 10/18/22

Date(s) additional information obtained:

Personnel contacted: Perry Phillps ED Lucille Bowen SALSA

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 #
- [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 11/15/22
- [ ] 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:** 10/18/22

☒ Approval for issuance of license granted by Elizabeth Ibbeson SMC **DATE:** 10/31/22

Supervisor/Title

Current ✓

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 Saybrook at Haddam	Megan Edson-Sawyer	Nurse Consultant
1556 Saybrook Rd Haddam Ct 06438		

Licensure Category: ALSA 148 Census: 45 Capacity: [ ]
Memory Care/Traditional:27

Date(s) of onsite inspection:

Date(s) additional information obtained: 08/02/2022

Personnel contacted: Executive Director PPhillips@thesaybrookathaddam.com and SALSA Lucille Bowen (LBowen@thesaybrookathaddam.com)

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#32617

[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: Megan Edson-Sawyer DATE OF REPORT: 08.03.2022

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

LICENSING INSPECTION NARRATIVE REPORT:

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

LICENSING INSPECTION REPORT

Facility DBA and Address

The Saybrook at Haddam
DBA
1556 Saybrook Rd 148
Street Address
Haddam CT 06438
Municipality *ZIP Code*
M:

Signature of FLIS Staff

Laura Boggio — Nurse Consultant

Survey Team Leader: ___
Supervisor: ___

Licensure Category: ALSA
License Number: ___
Licensed Bed Capacity: ___
Licensed Bassinet Capacity: ___
Census: ___

Date(s) of onsite inspection: 11/29/21, 3/21/22

Date(s) additional information obtained: ___

Personnel contacted: Perry Phillps ED Lucille Bowen SALSA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

- [x] Licensing Inspection ☐ *Initial* ☑ *Renewal* ☐ *Other (e.g.strikes)*: ___
- [ ] Visit **OR** Revisit for the purpose of ___
- [x] See Complaint Investigation # 31233, #31282
- [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 4/14/22
- [ ] 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

6-30-21

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

REPORT SUBMITTED BY: Laura Boggio **DATE OF REPORT:** 4/12/22

☒ Approval for issuance of license granted by: _____ **DATE:** 4/13/22

Supervisor/Title

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

LICENSING INSPECTION REPORT

Facility DBA and Address

The Saybrook at Haddam
DBA
1556 Saybrook Rd
Street Address
Haddam CT 06438
Municipality *ZIP Code*
M: PPhillips@thesaybrookathadddam.com

Signature of FLIS Staff

Laura Boggio — Nurse Consultant
Karen Danato — Nurse consultant

Survey Team Leader: Laura Boggio
Supervisor:

Licensure Category: ALSA
License Number: 0148
Licensed Bed Capacity: ___
Licensed Bassinet Capacity: ___
Census: 69

Date(s) of onsite inspection: 10/17/22, 10/18/22

Date(s) additional information obtained: ___

Personnel contacted: Perry Phillps ED Lucille Bowen 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 # ___
- ☑ 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:** 10/18/22

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

Supervisor/Title

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

LICENSING INSPECTION NARRATIVE REPORT: