

2019

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

Page 1 of ____

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Signature of FLIS Staff

Covenant Village ALFA
52 Missionary Road
Cromwell, CT 06416-2170
M: _____

Michael J. Sullivan, Nurse Consultant

Licensure Category:

Licensed Bed

Census:

Bassinet Capacity:

Assisted Living Agency

50 beds
(13 dementia)
(The Grove)

34 ALFA
13 dementia

Date(s) of onsite inspection: March 18, 2019

Date(s) additional information obtained: _____

Personnel contacted: Mary Ann Trocchio RN, ALFA

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 _____

REPORT SUBMITTED BY: Michael J. Sullivan DATE OF REPORT: March 18, 2019

☒ Approval for issuance of license granted by: Loan D. Nguyen DATE: 3-26-19
Supervisor/Title

DEPARTMENT OF PUBLIC HEALTH
HOSPITAL AND MEDICAL CARE DIVISION

INSPECTION MATERIALS CHECKLIST
ASSISTED LIVING SERVICES AGENCY

Assisted Living Services Agency Government Village AC/2
Address Missionary Road
City Cromwell, CT 06418 State _____ Zip Code _____

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
<u>BY-LAWS OR RULES OF ORDER</u>	_____	_____
<u>POLICIES/PROCEDURES</u>		
Client Care Policies/Procedures	_____	_____
o Admission	_____	_____
o Assisted Living Aide Program	_____	_____
o Discharge	_____	_____
o Emergency	_____	_____
o Administration of Medications	_____	_____
o Complaint Procedure	_____	_____
Nursing Service	_____	_____
<u>PERSONNEL POLICIES</u> -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	_____	_____
<u>QUALITY ASSURANCE PROGRAM/PLAN</u>	_____	_____
<u>BILL OF RIGHTS</u>	_____	_____
<u>PUBLIC INFORMATION MATERIALS</u>	_____	_____
PLEASE IDENTIFY ANY OTHER NEW MATERIALS DEVELOPED _____		

Supervisor of Assisted Living Services Signature: Maryann Trocchio RN

Date: 3/18/19

ENTITY: Covered Village ALSA (Cromwell)

DATE(S) OF VISIT: March 18, 2019

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 50

Number of home visits: 2 observed Number of records reviewed: 4

SALSA: Maryann Trocchio RN

SALSA Designee: Mary Murray RN

Home health care contracts/contracts:

Name: Middlesex Home Care

Address: Middletown CT

Phone: _____

Name: _____

Address: _____

Phone: _____

Managed Residential Community visited: Pine View MRC

Service Coordinator: Becky Cubeta, MRC

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

SIGNATURE: M. P. R. RN

