2019

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Essex Meadows
30 Bokum Road
Essex CT 06426
M:

FLIS Staff

Michael J. Smith — Nurse Consultant

Licensure Category:

Assisted Living Services

Licensed Bed Bassinet Capacity: 187 Apts

Census: 22 ALA

Date(s) of onsite inspection: 5/17/19

Date(s) additional information obtained: ___

Personnel contacted: Christine Durinick RN, ALA

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: Michael J. Smith **DATE OF REPORT:** 5/17/19

[✓] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 6-5-19
Supervisor/Title

ENTITY: Essex Meadows ALA

DATE(S) OF VISIT: 5/17/19

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 22

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

SALSA: Christine Durinick

SALSA Designee: Carol Gordon RN

Home health care contracts/contracts:

Name: Health at Home

Address: Branford CT

Phone: _____

Name: _____

Address: _____

Phone: _____

Managed Residential Community visited: Essex Meadow

Service Coordinator: Angela Christie

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

Rev.7/04-

SIGNATURE: Michael J. Sinnott RN

0206
9-30-2020

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity	*FLIS Staff*	
Essex Meadows 30 Bokum Road Essex CT 06426	Michael J. Smith	Nurse Consultant
M:		

Licensure Category:

	Licensed Bed Bassinet Capacity:	Census:
Assisted Living Services	187 apts	22 ALSA

Date(s) of onsite inspection: 5/17/19

Date(s) additional information obtained: _____

Personnel contacted: Christine Durinick RN, ALSA

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 # _____

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[ ] See Certification File.

[ ] Referral(s) to _____

REPORT SUBMITTED BY: Michael J. Smith **DATE OF REPORT:** 5/17/19

[ ] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 5-20-19
Supervisor/Title

ENTITY: Essex Meadows NWA

DATE(S) OF VISIT: 5/17/19

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 22

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

SALSA: Christine Durinick

SALSA Designee: Carol Gordon RN

Home health care contracts/contracts:

Name: Health at Home

Address: Branford CT

Phone: _____

Name: _____

Address: _____

Phone: _____

Managed Residential Community visited: Essex Meadows

Service Coordinator: Angela Chriffie

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

Rev.7/04

SIGNATURE: Michael J. Smith RN