

head Re-Sprayer

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d/b/a Name and Address of Entity

Elim Park Place (Baptist Home)

140 Cook Hill Road

Cheshire, Conn. 06410

203-272-3547

Signature of FLIS Staff

Nurse Consultant

Michael J. Smith, RN

bjanuszczyk@elimpark.org

Licensure Category: ALSA

Census: 275 Capacity:

75A

L

Memory Care/Traditional

memory

Date(s) of onsite inspection: 4/18/24

Date(s) additional information obtained: _____

Personnel contacted: Robert Cota, Executive Director

Bonnie Januszczyk, SALSA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[xx] Licensing Inspection

☐ Initial

[xx] *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.

[xx] 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 [] Not applicable

Part time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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REPORT SUBMITTED BY: Michael J. Smith, RN **DATE OF REPORT:** 4/18/24

☒ Approval for issuance of license granted by: Elizabeth T. Kelly, SWC **DATE:** 5/8/24
Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT:

Clinical Record Review, Gov't Authority Meetings, Quality Assurance Committee, Personnel Files, Complaint Log, Tour.