

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

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ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Buckingham Heights
1824 Manchester Rd. Glastonbury CT
06033
860-647-1695

Signature of FLIS Staff

Elizabeth T Heiney SNC Nurse Consultant

Licensure Category: ALSA 237

Census: 51 Capacity: 52
Memory Care/Traditional 51 MC Only ☐

Date(s) of onsite inspection: 6-3-34

Date(s) additional information obtained: _____

Personnel contacted: Jill Morascini – SALSA jmorascini, Dorreen DeMatties – Executive Director dmatties@buckinghammc.com

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 _____

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: Elizabeth T Heiney SNC DATE OF REPORT: 6/3/24

☒ Approval for issuance of license granted by: Elizabeth T Heiney SNC DATE: 6/4/24

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT:

State of CT Assisted Living Service Agency re-licensure conducted on this date. Tour of facility and review of clinical and agency documentation completed.