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

LICENSING INSPECTION REPORT

Facility DBA and Address

The Residence at Summer Street

14 2nd St. Stamford, CT 06905

M: damorosa@residencesummerstreet.com

Signature of FLIS Staff

Megan Edson-Sawyer — Nurse Consultant

Survey Team Leader: Megan Edson-Sawyer
Supervisor: Elizabeth Heiney

Licensure Category: ALSA
License Number: 200

Licensed Bed Capacity: ___
Licensed Bassinet Capacity: ___
Census: ___

Date(s) of onsite inspection: 06/14/2024

Date(s) additional information obtained: _____

Personnel contacted: Executive Director Dawn Amorosa and SALSA Margaret Auz

Email Address: damorosa@residencesummerstreet.com & mauz@residencesummerstreet

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: Megan Edson-Sawyer DATE OF REPORT: 06/14/2024

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

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

LICENSING INSPECTION NARRATIVE REPORT: