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)

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

- [x] Approval for issuance of license granted by: Elizabeth T Heiney SNC DATE: 4/20/24

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

LICENSING INSPECTION REPORT

Facility DBA and Address

The Residence at Summer Street

74 2nd St Stamford, CT 06901

M: damorosa@residencesummerstreet.com

Signature of FELIS Staff

Megan Edson-Sawyer — Nurse Consultant

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

License Category: ALS/A

License Number: _____

Licensed Bed Capacity: ____ **Census:** ____

Licensed Bassinet Capacity: ____

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

Date(s) additional information obtained: _____

Personnel contacted: Executive Director Dawn Amorosa and SALSA M. Grant Mauz

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

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

- [x] Licensing inspection ☐ Initial ☒ Renewal ☐ Other (e.g. strike(s): _____
- [ ] Visit QIR 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: Megan Edson-Sawyer DATE OF REPORT: 06/14/2024

- [x] Approval for issuance of license granted by: _____ DATE: _____