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

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
All American ALSA
118 Hazard Ave, CT. 06082
860-962-4100
darcouette@allamericanatenfield.com

Signature of FLIS Staff
Nurse Consultant
Michael J. Smith, RN

Licensure Category: ALSA 240 Census: 82 Capacity: AL 57

Memory Care/Traditional memory 23

Date(s) of onsite inspection: 6/26/24

Date(s) additional information obtained: 7/2/24

Personnel contacted: Valerie RomanoDumais, Executive
SALSA: Dana Arcouette

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_#39541

[xx] 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 _____

[xx] Verification of Alzheimer's special care units or programs or [ ] Not applicable
[xx] Part time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

REPORT SUBMITTED BY: **Michael J. Smith, RN** **DATE OF REPORT:** **7/5/24**

[ ] Approval for issuance of license granted by: _____ **DATE:** _____
Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: