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

LICENSING INSPECTION REPORT

Facility DBA and Address

The Residence at Westport

1141 Post Rd. East, Westport, CT 06880

M: aricci@residencewestport.com

Signature of FLIS Staff

Megan Edson-Sawyer — Nurse Consultant

Survey Team Leader: Megan Edson-Sawyer

Supervisor: Elizabeth Heiney

Licensure Category: ALSA

License Number: 223

Licensed Bed Capacity: ___

Licensed Bassinet Capacity: ___

Census: ___

Date(s) of onsite inspection: 06/20/2024

Date(s) additional information obtained: ___

Personnel contacted: ___

Email Address: aricci@residencewestport.com

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 # ___
- [x] 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 07/15/2024
- [ ] 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: 06/20/2024

- [x] Approval for issuance of license granted by: Elizabeth T Heiney SNC DATE: 7/16/2024

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

LICENSING INSPECTION NARRATIVE REPORT:

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

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Licensed Bassinet Capacity: ____
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Date(s) of onsite inspection: 06/20/2024

Date(s) additional information obtained: _____

Personnel contacted: _____

Email Address: aricci@residencewestport.com

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

- [x] Licensing Inspection ☐ *Initial* ☑ *Renewal* ☐ *Other (e.g.strikes)*: _____
- [ ] Visit **OR** Revisit for the purpose of _____
- [ ] See Complaint Investigation # _____
- [x] 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 7/15/24
- [ ] 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: 06/20/2024

- [x] Approval for issuance of license granted by: Elizabeth Heiney DATE: 7/15/24

LICENSING INSPECTION NARRATIVE REPORT: