

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

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_____

☒ 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 7/18/24

☐ 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 _____

☒ Verification of Alzheimer's special care units or programs or ☐ Not applicable

☒ Part time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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

[] Approval for issuance of license granted by: Elizabeth T. Wynn **DATE:** 7/17/24
Supervisor/Title JSN

LICENSING INSPECTION NARRATIVE REPORT:

