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

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity	*Signature of FLIS Staff*	
Addison Place at Glastonbury	**Elizabeth T Heiney SNC**	**Nurse Consultant**
1177 Hebron Ave Glastonbury CT 06033		

Licensure Category: ALSA 225 Census: 74 Capacity: 81
Memory Care/Traditional 17

Date(s) of onsite inspection: 5/8/24

Date(s) additional information obtained: _____

Personnel contacted: Sandra Calmark ED. scarlmark@hallkeen.com, Martha Sawyer SALSA msawyer@hallkeen.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

X[] See Complaint Investigation 37615

[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 5/15/24

[ ] 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 _____

[ ] Verification of Alzheimer's special care units or programs or [ ] Not applicable
[X] Part Time Infection Prevention and Control Specialist and other requirements of P.A. 21-185 Martha Sawyer RN SALSA

REPORT SUBMITTED BY: Elizabeth T. Heiney SNC DATE OF REPORT: 5/10/24

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

[X] Approval for issuance of license granted by E Thering SWC **DATE:** 6/13/24

Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: