

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

Addison Place at Glastonbury

1177 Hebron Avenue

Glastonbury, CT. 06033

Signature of FLIS Staff

Nurse Consultant

Michael J. Smith, RN

Licensure Category: ALSA

Census: 81 Capacity:

51A

L

Memory Care/Traditional

memory 17

Date(s) of onsite inspection: 7/15/24

Date(s) additional information obtained: _____

Personnel contacted: Sandra Carlmark, Executive

scarlmark@hallkeen.com

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__CT#39914_____
- ☒ 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 _____
- ☒ 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

REPORT SUBMITTED BY: Michael J. Smith, RN

DATE OF REPORT: 7/19/24

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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

LICENSING INSPECTION NARRATIVE REPORT: