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

LICENSING INSPECTION REPORT

Facility DBA and Address

Farmington Station

111 Scott Swamp Rd. Farmington, CT 06032

M: lmiller@farmingtonSLR.com

Signature of FLIS Staff

Megan Edson-Sawyer — Nurse Consultant

Survey Team Leader: Megan Edson-Sawyer
Supervisor: Elizabeth Heiney

Licensure Category: ALSA
License Number: 220

Licensed Bed Capacity: ___
Licensed Bassinet Capacity: ___
Census: ___

Date(s) of onsite inspection: 07/15/2024

Date(s) additional information obtained: ___

Personnel contacted: Executive Director Lindsay Miller and SALSA MermisaCarney

Email Address: lmiller@farmingtonSLR.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 # 388813

☑ 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 7/29/24

☐ 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: 07/15/2024

☐ Approval for issuance of license granted by: [signature] DATE: 7/29/24

LICENSING INSPECTION NARRATIVE REPORT: