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*	
The Residence at South Windsor Farms	**Karen Donato**	**Nurse Consultant**
200 Deming St., South Windsor, CT 06074		
atahirovic@residencesouthwindsor.com		

Licensure Category: ALSA 204 Census: 68 Capacity: 88
Memory Care/Traditional 18/48

Date(s) of onsite inspection: 9/11/24 & 9/19/24

Date(s) additional information obtained:

Personnel contacted: ED: Adnan Tahirovic; SALSA: Tammie Szedlacsek; RN Designee: Wendi Shea

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 **CT #39857**

[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 9/26/24

[ ] 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
[ ] Full Time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

REPORT SUBMITTED BY: Karen Donato RNC DATE OF REPORT: 9/19/24

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

[X] Approval for issuance of license granted by: Elizabeth Tolentino SNC **DATE:** 9/30/24

Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: