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*	
Covenant Living of Cromwell	**Karen Donato**	**Nurse Consultant**
52 Missionary Rd Cromwell, CT 06416		
LAgosto(@CovLiving.org		

Licensure Category: ALSA -063 Census: ___ Capacity: 50
Memory Care/Traditional 11/31

Date(s) of onsite inspection: 12/03/24

Date(s) additional information obtained: _____

Personnel contacted: ED: Maria Christoforo; SALSA: Linda Agosto

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[X] Licensing Inspection [] *Initial* [X] *Renewal* [ ] *Other (e.g.strikes)*: _____

[X] Visit **OR** Revisit for the purpose of: **reviewing POC for VL dated 11/03/22**

[ ] See Complaint Investigation # _____

[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 12/11/24

[ ] 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 _____

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

REPORT SUBMITTED BY: Karen Donato RNC DATE OF REPORT: 12/04/24

[X] Approval for issuance of license granted by: Elizabeth T Shuey SWC **DATE:** 12/10/24
Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: