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

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
Spring Village at Stratford ALSA
6911 Main Street, Stratford 06614
Tel: 203-380-0006

drc@springvillagestratford.com

Signature of FLIS Staff
Nurse Consultant
Michael J. Smith, RN

Licensure Category: ALSA 244 Census: Capacity: Traditional memory

Date(s) of onsite inspection: March 14, 2025

Date(s) additional information obtained: _____

Personnel contacted:
Katherine Garber, Executive Director
Christian Garcia, SALSA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

[] Visit **OR** Revisit for the purpose of

[xx] See Complaint Investigation_#43406_____

[] 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.

[xx] 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 _____

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

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

REPORT SUBMITTED BY: Michael J. Smith, RN **DATE OF REPORT:** 3/17/25

[ ] Approval for issuance of license granted by: Elizabeth Tyler RN DATE: 3/18/25
Supervisor/Title SNC

LICENSING INSPECTION NARRATIVE REPORT: