

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

Suffield by the River ALSA

7 Canal Road

Suffield, CT 06078

Tel: 860-668-6672

Signature of FLIS Staff

Nurse Consultant

Michael J. Smith, RN

Licensure Category: ALSA 213

Census: 118 Capacity:

Traditional 65 memory 30

Date(s) of onsite inspection: 1/16/25

Date(s) additional information obtained:

Personnel contacted: Jim Tedone, ExDirector

jitedone@suffieldriver.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

☐ 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

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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REPORT SUBMITTED BY: Michael J. Smith, RN **DATE OF**
REPORT: 1/30/25

☒ Approval for issuance of license granted by Robert H. Henry, RN SDC **DATE:** 2/16/25
Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT:

Re-Licensure survey consisted of a tour, review of Gov't Authority Minutes, Quality Assurance Meeting Minutes, Personnel folders, and Clinical Record Reviews.