2STATE 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*	
Farmington Station		**Nurse Consultant**
111 Scott Swamp Rd Farmington CT	**Elizabeth T Heiney SNC**	

Licensure Category: ALSA Census: 88 Capacity: 134

Memory Care/Traditional 31

Date(s) of onsite inspection: 1/7/25

Date(s) additional information obtained: _____

Personnel contacted: Lindsay Miller ED lmiller@farmingtonSLR.com,Mermisa Carney SALSA mcarney@farmingtonSLR.com

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

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

[X] See Complaint Investigation_# 40816 and 42348_____

[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__3/24/25_____

[ ] 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: Elizabeth T Heiney DATE OF REPORT: 1/9/25

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

[ ] Approval for issuance of license granted by: Elizabeth T Henry **DATE:** _1/12/25_____

Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: