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

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
Ridgefield Station ALSA
55 Old Quarry Road
Ridgefield, CT. 06877
jfaiella@RidgefieldSLR.com

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

Licensure Category: ALSA Census: 96 Capacity: 60A L

Memory Care/Traditional memory 28

Date(s) of onsite inspection: 6/9/25

Date(s) additional information obtained: _____

Personnel contacted: Josh Karim, Regional Director
JKarim@SLR.USA.com
Jennifer Faiella, SALSA
jfaiella@RidgefieldSLR.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 #44700

[xx] 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 7/1/25

[ ] 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 _____

[xx] Verification of Alzheimer's special care units or programs or [ ] Not applicable

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

[xx] Part time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

REPORT SUBMITTED BY: Michael J. Smith, RN **DATE OF REPORT: 6/10/25**

[ ] Approval for issuance of license granted by: Elizabeth Tetley DATE: 7/2/25
Supervisor/Title SNL