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

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
Elmbrook Village at Bozrah ALSA
380 Salem Turnpike
Bozrah, CT. 06334
860-861-9704

kmangual@elmbrookvillage.com

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

Licensure Category: ALSA 241 Census: 115 Capacity: 47A L

Memory Care/Traditional memory 21

Date(s) of onsite inspection: 7/28/25

Date(s) additional information obtained: _____

Personnel contacted: **Kristin Mangual , Executive Director**
SALSA, Alison Watrous,RN

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 #42972

[] 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

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:** **7/29/25**

[ ] Approval for issuance of license granted by: Gabrielle Henry, SM DATE: 8/4/25
Supervisor/Title