STATE 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*	
Ocean Meadow	**Megan Edson-Sawyer**	**Nurse Consultant**
91 East Main St. Clinton Ct 06413		

Licensure Category: ALSA Census: [ ] Capacity: [ ]
Memory Care/Traditional: 47

Date(s) of onsite inspection: 07/16/2025

Date(s) additional information obtained: _____

Personnel contacted: Executive Director Doreen Converse and SALSA Lisa Maratta

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 CT#43701

[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 7/31/25

[ ] 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 _____

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

REPORT SUBMITTED BY: Megan Edson-Sawyer DATE OF REPORT: 07/16/2025

[ ] Approval for issuance of license granted by: Victoria Heavyside **DATE:** 8/4/25
Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: