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*	
The Cascades	**Megan Edson-Sawyer**	**Nurse Consultant**
13 Parklawn Dr. Bethel CT 06801		

Licensure Category: ALSA Census: 22 Capacity: [ ]
Memory Care/Traditional: NA

Date(s) of onsite inspection: 12/23/2025

Date(s) additional information obtained: _____

Personnel contacted: Executive Director Jaclyn Thibodeau-DaSilva

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

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

[] See Complaint Investigation_____

[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 1/5/26

[ ] 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 [x] Not applicable
[ ] Full Time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

REPORT SUBMITTED BY: Megan Edson-Sawyer **DATE OF REPORT: 12/23/25**

[X] Approval for issuance of license granted by: Elizabeth T Thibodeau SW C **DATE:** 1/5/26
Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: