**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* | |
|---|---|---|
| **AVIVA West Hartford** | **Megan Edson-Sawyer** | **Nurse Consultant** |
| **1 Hamilton Heights Dr. W. Hartford** | | |

**Licensure Category: ALSA** 239 Census: [ ] Capacity: [ ]
Memory Care/Traditional [ ]

**Date(s) of onsite inspection: 10/21/2025**

**Date(s) additional information obtained:** _____

**Personnel contacted: SALSA Nicole Sheehey (nsheehey@avivaseniorliving.com) <nsheehey@avivaseniorliving.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 CT#45498

[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 11/24/25

[ ] 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 _____

[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: 10/21/2025**

[ ] Approval for issuance of license granted by: _____ **DATE:** 11/24/25
Supervisor/Title SNC