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*	
Waterstone on High Ridge	**Melissa Cope**	**Nurse Consultant**
215 High Ridge Rd. Stamford, CT 06905		
wkaufman@waterstonesl.com		

Licensure Category: ALSA 232 Census: 59 Capacity: 60
Memory Care/Traditional 24

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

Date(s) additional information obtained: _____

Personnel contacted: Wendy Kaufman Executive Director, 203-399-3883
wkaufman@waterstonesl.com

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 11/13/25

[ ] 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~~ part time Time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

REPORT SUBMITTED BY: Melissa Cope DATE OF REPORT: 10/21/2025

[ ] Approval for issuance of license granted by: CT Hearing SW C **DATE:** 11/13/25 iso