

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

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ALSA LICENSING INSPECTION REPORT

<i>d/b/a Name and Address of Entity</i> Harbor Chase of Branford 173 Alps Rd. Branford, Ct 06405	<i>Signature of FLIS Staff</i> Megan Edson-Sawyer	Nurse Consultant
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Licensure Category: **ALSA** 248

Census: Capacity:
Memory Care/Traditional

Date(s) of onsite inspection: **12/01/2025**

Date(s) additional information obtained: _____

Personnel contacted: **Executive Director Patrica Strickland (pstrickland@harborchase.com)**

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

☐ Licensing Inspection ☐ Initial ☐ Renewal ☐ Other (e.g. strikes): _____

☐ Visit **OR** Revisit for the purpose of

☒ See Complaint Investigation CT#45598 and CT#45632

☒ 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 12/12/25

☐ 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 _____

☒ Verification of Alzheimer's special care units or programs or ☐ 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: 12/01/2025

☐ Approval for issuance of license granted by: Cheryl A. T. Sawyer **DATE: 12/12/25**
Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: