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



## ALSA LICENSING INSPECTION REPORT

*d/b/a Name and Address of Entity*
**The Residence at Summer Street**
**14 2nd Street, Stamford, Conn. 06905**

**mauz@residencesummerstreet.com**

*Signature of FLIS Staff*
**Michael J. Smith, RN**
**Nurse Consultant**

**Licensure Category: ALSA** 200

Census: 48 Capacity: 32 AL SA

Memory Care/Traditional 16 memory care

**Date(s) of onsite inspection:**
_2/9/22

**Date(s) additional information obtained:**
_2/10/22

**Personnel contacted: ___Margaret Auz, SALSA ___Gina Saunders Ex Dir**

**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 # __31663

[✓] 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 4/11/22

[ ] 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 _____

**STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT**



[+ ] 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:** ____Michael J. Smith, RN_____ **DATE OF REPORT:** **2/10/22 Date of Report**_____

[ ] Approval for issuance of license granted by: Elizabeth Hanley SM (Supervisor/Title) **DATE:** 4/11/22