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

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
Atria Darien ALSA
50 Ledge Road, Darien, CT. 06820

Elizabeth.piasecki@atriaseniorliving.com

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

Licensure Category: ALSA Census: 72 Capacity: 26 AL SA

Tranditional ALSA no memory care

Date(s) of onsite inspection: _4/29/22

Date(s) additional information obtained:

Personnel contacted: ___
Becky Gallucci, Ex Director

Liz Piasecki, SALSA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)
[xx] Licensing Inspection [ ] *Initial* [xx] *Renewal* [ ] *Other (e.g.strikes)*: _

[ ] Visit **OR** Revisit for the purpose of
And vaccinations update

[] See Complaint Investigation #_____

[ ] 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 _____

[ ] Desk Audit _____ [ ] Amended Letter: _____Original Ltr._____

[ ] Citation # _____ was issued to this facility as a result of this inspection.

[xx] 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.

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

[ ] Narrative report/additional information attached.

[ ] See Certification File.

[ ] Referral(s) _____

[No memory care] Verification of Alzheimer's special care units or programs or [xx] 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:**
Date of Report 4/29/22

[X] Approval for issuance of license granted by: Elizabeth Twomey SNC **DATE:** 5/1/22
Supervisor/Title