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*	
Avery Heights Assisted Living	**Karen Donato RN**	**Nurse Consultant**
705 New Britain Ave.		
Hartford, CT 06010	**Michael Smith**	**Nurse Consultant**

Licensure Category: ALSA Census: 110 Capacity: 127
Memory Care/Traditional 20/33

Date(s) of onsite inspection: 1/09/25

Date(s) additional information obtained: _____

Personnel contacted: ED: Kerrie Palumbo; SALSA: Jane Ahlquist

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[X] Licensing Inspection [] *Initial* [X] *Renewal* [ ] *Other (e.g.strikes)*: _____

[] Visit **OR** Revisit for the purpose of

[X] See Complaint Investigation **CT #38270 & #42318**

[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 1/13/25

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

REPORT SUBMITTED BY: Karen Donato RNC DATE OF REPORT: 1/10/25

[X] Approval for issuance of license granted by: Elizabeth T Hennessy RNBSN **DATE:** 1/13/25
Supervisor/Title