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

ALSA LICENSING INSPECTION REPORT

Facility DBA and Address

Addsion Place at Glastonbury
DBA
1177 Hebron Blvd.
Street Address
Glastonbury CT 06033
Municipality *ZIP Code*

Admin Email: _____

Signature of FLIS Staff

Elizabeth T Heiney SNC

Survey Team Leader: _____
Supervisor: _____

Licensure Category: ALSA
License Number: 225

Capacity: _____
Memory Care/Traditional: _____
Census: ____

Date(s) of onsite inspection: _____

Date(s) additional information obtained: _____

Personnel contacted: _____

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

☑ Visit **OR** Revisit for the purpose of onsite inspection of heat in M.Care Unit Apt-Areas.

☑ See Complaint Investigation # 46026

☐ 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.

☐ 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: ☑ Yes ☐ N/A
Full Time Infection Prevention and Control Specialist and other requirements of P.A. 21-185 ☐

REPORT SUBMITTED BY: Elizabeth T Heiney SNC **DATE OF REPORT:** 2/19/26

☐ Approval for issuance of license granted by: Elizabeth T. Heiney SNC **DATE:** 2/20/26