

Copy

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING AND INVESTIGATION

Page 1 of ____

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Signature of Staff

BAC Woodbridge (Coachman's Square)

Dr. Bradley Red

Woodbridge, CT 06525

Sherry Donatone Consultant

M: Sherry Donatone

Licensure Category:

ALSA 0144

Licensed Bed

SUS:

Bassinet Capacity:

Date(s) of onsite inspection: 9/22/21

Date(s) additional information obtained: _____

Personnel contacted: Sarah Malapina - ED; Diana SALSA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

☒ Licensing Inspection ☐ Initial ☒ Renewal ☐ strikes: _____

☐ Visit OR Revisit for the purpose of _____

☐ See Complaint Investigation # _____

☐ Violations of the General Statutes of Connecticut and/or regulations of State Agencies were identified at the time of this inspection. See attached violation letter d: _____

☐ Desk Audit _____ ☐ Amended Letter: _____ iginal Ltr. _____

☐ Citation # _____ was issued to this facility as a result of thn.

☒ Violations of the General Statutes of Connecticut and/or the regulation: ticut State Agencies **were not** identified at the time of this inspection.

☐ Citation # _____ was/was not verified as corrected. See attive report.

☐ Narrative report/additional information attached.

☐ See Certification File.

☐ Referral(s) to _____

REPORT SUBMITTED BY: Sherry Donatone DATE OF RB: 9/22/21

☒ Approval for issuance of license granted by: Judith Bortwein SNCTE: 9/23/21
Supervisor/Title

✓ Send

ENTITY: BAL Woodbridge

DATE(S) OF VISIT: 9/22/21

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 48

Number of home visits: 3 Number of records reviewed: _____

SALSA: Diana M. Sherry

SALSA Designee: Lucy Dierzo

Home health care contracts/contracts:

Name: Encore Pass Home

Address: Rocky Hill

Phone: _____

Name: _____

Address: _____

Phone: _____

Managed Residential Community visited: _____

Service Coordinator: Seah Malaspina

Policy review was done relative to record reviews and/or violations cited above.

SIGNATURE: Karen Doran

ENTITY: BAL Woodbridge

DATE(S) OF VISIT: 9/22/21

LICENSING INSPECTION NARRATIVE REPORT

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Number of home visits: 3

Number of records reviewed: 3

SALSA: Diana McSherry

SALSA Designee: Lucy Sizemore

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Name: Encompass Home Care

Address: Rocky Hill

Phone: _____

Name: _____

Address: _____

Phone: _____

Managed Residential Community visited: _____

Service Coordinator: Sarah Malaspina

Policy review was done relative to record reviews and/or violations cited as appropriate.

SIGNATURE: Karen Donatone

