

4-30-22

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

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ALSA LICENSING INSPECTION REPORT

*Signature of FLIS Staff*

*BAL Woodbridge/ Coachman Square*  
*ALSA*

0144

21 Bradley Road, Woodbridge 06525

Michael J. Smith, RN  
Nurse Consultant

smalaspina@benchmarkquality.com

Licensure Category: ALSA

Census: 66 ALSA

|                |               |
|----------------|---------------|
| 53A<br>LS<br>A | 13mem<br>care |
|----------------|---------------|

Date(s) of onsite inspection: July 19, 2022

Date(s) additional information obtained:

Personnel contacted: \_\_\_\_\_  
Sarah Malaspina, Ex. Director

Lindsay Ressler, RN, SALSA

**REVIEW/FINDINGS/PROCESS** (Complete all applicable categories)

☒ Licensing Inspection      ☐ Initial      ☒ Renewal      ☐ Other (e.g. strikes): \_\_\_\_\_

☐ Visit **OR** Revisit for the purpose of  
And vaccinations update

☐ \_\_\_\_\_

☐ 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. \_\_\_\_\_

**STRIKE MONITORING SUPPLEMENT TO  
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- [ ] 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.
- [ ] Narrative report/additional information attached.
- [ ] See Certification File.
- [ ] Referral(s) \_\_\_\_\_
- [xx] Verification of Alzheimer's special care units or programs
- [xx] 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** 7/19/2022 \_\_\_\_\_

**DATE OF REPORT:**

[X] Approval for issuance of license granted by: Elizabeth T. Healey **DATE:** 8/3/22  
Supervisor/Title SN C

**STRIKE MONITORING SUPPLEMENT TO  
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LICENSING INSPECTION NARRATIVE REPORT:

The re-licensure visits consisted of tour , review of Clients' records, Personnel files, review of Clinical Record reviews, Quality assurance documents, interviews with clients' and staff, and review of staffing schedules.

