Section 3

2020

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

LICENSING INSPECTION REPORT

Atria Litchfield

d/b/a Name and Address of Entity

~~Brookdale~~ Litchfield Hills
376 Goshen Road
Torrington, CT 06790
M:

FLIS Staff

Michael J. Smith RN — Nurse Consultant

Licensure Category:

Assisted Living Facility

Licensed Bed Bassinet Capacity: ___ ___

Census: ___ ___

Date(s) of onsite inspection: 8/19 + 8/21/19 + 8/22/19

Date(s) additional information obtained: ___

Personnel contacted: Kris Scheuer RN, SACSA ; Carl Dunn Ex Director

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

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

[X] See Complaint Investigation # #23054

[ ] 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.

[X] 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 ___

REPORT SUBMITTED BY: Michael J. Smith RN **DATE OF REPORT:** 8/23/19

[ ] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 1-27-2020
Supervisor/Title