

2021

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

DAE Woodbridge (Coachman's Square)

Dr. Bradley Red

Woodbridge, CT 06525

Sharon Amato

M: dmcsherry benchmark quality

Licensure Category:

ACSA 0144

Licensed Bed

Bus:

Bassinet Capacity: _____

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

Date(s) additional information obtained: _____

Personnel contacted: Sarah Malapina - ES; 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 fn.

☒ 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: Sharon Amato DATE OF R# 9/22/21

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

✓ Sent

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 McSherry

SALSA Designee: Larry Dierckx

Home health care contracts/contracts:

Name: Encore Pass Home

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 above.

ENTITY: BAL Woodbridge

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

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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

