

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

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ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

The Cottage at Litchfield Hills
376 Goshen Rd. Torrington, CT 06790
mmorgan@cottagelitchfield.com

Signature of FLIS Staff

Karen Donato

Nurse Consultant

Licensure Category: ALSA

Census: 50 Capacity:

70

Memory Care/Traditional 27/23

Date(s) of onsite inspection: 7/30/25

Date(s) additional information obtained: _____

Personnel contacted: ED: Monica Morgan; SALSA: Corrina Kwasnick

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

☐ Visit **OR** Revisit for the purpose of

☐ See Complaint Investigation #

☐ 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 or ☐ Not applicable

☒ Full Time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

REPORT SUBMITTED BY: Karen Donato RNC DATE OF REPORT: 7/30/25

☒ Approval for issuance of license granted by: Elizabeth Henry, Supervisor DATE: 7/31/25
Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: