

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

Page 1 of ____

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

BAL Avon River Ridge
101 Bickford Ext, Avon, 06001
860-677-2155
koconnell2@benchmarkquality.com

Signature of FLIS Staff

Nurse Consultant
Michael J. Smith, RN

Licensure Category: ALSA *135*

Census: Capacity:
Memory Care/Traditional AL
memory

Date(s) of onsite inspection: 2/10/25

Date(s) additional information obtained: _____

Personnel contacted: Kevin O'Connell, Executive
SALSA: Cavalene DeSouza RN

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 #42967 _____

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

Part time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

REPORT SUBMITTED BY: Michael J. Smith, RN DATE OF REPORT: 2/12/25