

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

Atria Crossroads

One Beechwood Dr.

Waterford CT 06385 860-444-6700

Signature of FLIS Staff

Nurse Consultant

Elizabeth T Heiney SNC

Licensure Category: ALSA

Census: 107

Capacity:

Memory Care/Traditional

31/45

Date(s) of onsite inspection: 2/21/25

Date(s) additional information obtained: _____

Personnel contacted: David Sylvaria Exec. Dir. David.sylvaria@atriaseniorliving.com, Jenny Rull SALSA Jennifer.rull@atriaseniorliving.com _____

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
- [NONE] Full – Part time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

REPORT SUBMITTED BY: Elizabeth T Heiney SNC **DATE OF REPORT:** 2/22/25

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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[X] Approval for issuance of license granted by:

Elizabeth T. Heiney SNC

DATE: 2/22/25

Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: