

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

Page 1 of 2

**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:  Capacity:

Memory Care/Traditional

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

**Date(s) additional information obtained: \_\_\_\_\_**

**Personnel contacted: David Sylvaria Exec. Dir. [David.sylvaria@atriaseniorliving.com](mailto:David.sylvaria@atriaseniorliving.com), Jenny Rull SALSA [Jennifer.rull@atriaseniorliving.com](mailto: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

☐ 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**

Page 2 of 2\_\_\_\_

[X ] Approval for issuance of license granted by:

*Elizabeth T. Heiney SNC*

**DATE: 2/22/25**\_\_\_\_

Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: