

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*

*Signature of FLIS Staff*

Charter Senior Living of Woodbridge

Karen Donato

Nurse Consultant

330 Amity Rd. Woodbridge, CT 06525

ed@charterofwoodbridge.com

**Licensure Category:** **ALSA**

Census: ☐ Capacity: ☐

Memory Care/Traditional: ☐

**Date(s) of onsite inspection:** 12/17/24

**Date(s) additional information obtained:** 12/19/24

**Personnel contacted:** ED: Philip Noto; SALSA: Melissa Phelan

**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: CT#42236

☒ 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 12/26/24

☐ 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:** 12/20/24

☐ Approval for issuance of license granted by: Elyse D. H. T. Kelly, Sr. **DATE:** 12/26/24  
Supervisor/Title

**LICENSING INSPECTION NARRATIVE REPORT:**

