

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
FACILITY LICENSING AND INVESTIGATIONS SECTION  
ALSA LICENSING INSPECTION REPORT

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*d/b/a Name and Address of Entity*  
Artis Branford

*Signature of FLIS Staff*  
Nurse Consultant

Elizabeth T Heiney SNC

Licensure Category: ALSA

Census:  Capacity:  64  
Memory Care/Traditional  MC\_62 only

Date(s) of onsite inspection: 7-11-24 through 7-12-24

Date(s) additional information obtained: 7-16-24

Personnel contacted: Stacia Iwanski- ED - [siwanski@artismgmt.com](mailto:siwanski@artismgmt.com) Ashley Jamieson – SALSA – [ajamieson@artismgmt.com](mailto:ajamieson@artismgmt.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 8/17/24 \_\_\_\_\_

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  
 NO- 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:** 7/15/24

Approval for issuance of license granted by: *Elizabeth T Heiney SNC* DATE: 7/15/24  
Supervisor/Title