

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 Ashley Jamieson – SALSA –
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