

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

The Residence at Summer Street

14 2nd St. Stamford, CT 06905

damorosa@residencesummerstreet.com

Signature of FLIS Staff

Karen Donato

Nurse Consultant

Licensure Category: **ALSA** 200

Census: Capacity:

113

Memory Care/Traditional 30/63

Date(s) of onsite inspection: 2/19/25

Date(s) additional information obtained: _____

Personnel contacted: ED: DawnMarie Amorosa; SALSA: Linda Burney

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 #42798 & 43002

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 2/26/25

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: 2/20/25

Approval for issuance of license granted by: Elizabeth T. Kelley RN **DATE: 2/26/25**
Supervisor/Title SNC

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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LICENSING INSPECTION NARRATIVE REPORT: