

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

Page 1 of 1

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Farmington Station ALSA
111 Scott Swamp Road
Farmington, CT. 06032
860-284-0505

Signature of FLIS Staff

Nurse Consultant
Michael J. Smith, RN

lmiller@farmingtonSLR.com

Licensure Category: ALSA

Census: Capacity:
Memory Care/Traditional

AL
memory

Date(s) of onsite inspection: 8/7/25

Date(s) additional information obtained: _____

Personnel contacted: Lindsay Miller, Executive Director
SALSA, Mermisa Carney, RN

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 #44448 _____

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

Part time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT

Page 2 of 2

REPORT SUBMITTED BY: Michael J. Smith, RN DATE OF
REPORT: 8/15/25

[] Approval for issuance of license granted by: Michael J. Smith DATE: 8/15/25
Supervisor/Title