

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

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:

☒ AL

Memory Care/Traditional

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**

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

[] Approval for issuance of license granted by: Michael J. Smith, RN **DATE:** 8/20/25
Supervisor/Title SR