

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

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LICENSING INSPECTION REPORT

Facility DBA and Address

The Residence at Westport

Megan Edson-Sawyer

Nurse Consultant

1141 Post Rd. East, Westport, CT 06880

M: aricci@residencewestport.com

Survey Team Leader: Megan Edson-Sawyer

Supervisor:

Elizabeth Heiney

Licensure Category: ALSA

License Number: 223

Licensed Bed Capacity: ____

Licensed Bassinet Capacity: ____

Census: ____

Date(s) of onsite inspection: 06/20/2024

Date(s) additional information obtained: _____

Personnel contacted: _____

Email Address: aricci@residencewestport.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 _____

☐ 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 _____

REPORT SUBMITTED BY: Megan Edson-Sawyer DATE OF REPORT: 06/20/2024

☐ Approval for issuance of license granted by: _____ DATE: _____

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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LICENSING INSPECTION NARRATIVE REPORT:

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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