Community Living Arrangement Inspection Report Summary

Residence: CROSS RIDGE DRIVE
Address: 15 Cross Ridge Drive Old Greenwich CT 06870
License Number: DSLA.002669
Agency: ABILIS

Inspection Date: 2/20/2020
DDS Region: West
Inspection Type: Standard

Inspection Report Citations Were Reported In The Following Regulatory Areas:

11d - Hazard prevention
11f - Toileting/bathing facilities
12a - Residence emergency plan
12b - Emergency response training/monthly fire drills
14a - Specified training requirements
14b1 - Signs and symptoms training timeliness
14b3 - Health and behavior training timeliness
14b4 - Residence routines training timeliness
14b5 - Residence emergency procedures training timeliness
14c5 - Behavioral emergency techniques training timeliness
14d - CPR requirement
17f - OPS guides integrated program development
17h - The OPS shall be reviewed at least minimally quarterly
18a1 - Medication Administration Regulations
18a2E - Ongoing health and injury
18a4A - Medical testing and follow-up

Community Living Arrangement Inspection Report Summary

Residence: CROSS RIDGE DRIVE
Address: 15 Cross Ridge Drive Old Greenwich CT 06870
License Number: DSLA.002669
Agency: ABILIS

Inspection Date: 4/17/2018

DDS Region: West
Inspection Type: Revisit

Inspection Report Citations Were Reported In The Following Regulatory Areas:

11a - Building code requirements
11d - Hazard prevention
11g - Fire extinguishers
12b - Emergency response training/monthly fire drills
14b3 - Health and behavior training timeliness
14b5 - Residence emergency procedures training timeliness
14c3 - Abuse and neglect prevention training timeliness
14c5 - Behavioral emergency techniques training timeliness
14d - CPR requirement
17f - OPS guides integrated program development
17h - The OPS shall be reviewed at least minimally quarterly
17j - Data collected on programs
18a1 - Medication Administration Regulations
18a3A - Coordination, assessment, monitoring of medical services
18a4A - Medical testing and follow-up

Community Living Arrangement Inspection Report Summary

Residence: **Inspection Date:**
Address:
License Number: **DDS Region:**
Agency: **Inspection Type: Revisit**

Inspection Report Citations Were Reported In The Following Regulatory Areas: