

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

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LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

FLIS Staff

Ellen Lurie RMC

Riverside Health + Rehab.
745 Main Street
East Hartford CT.

M: *06/10/18*

Sharon
Felicia
Sharon
William

Joanne Dwyer
Melissa Hyatt
Sharon

Licensure Category:

CCNH

Licensed Bed

Bassinet Capacity: *345*

Census:

924

Date(s) of onsite inspection: *3/15, 3/16, 3/19, 3/20 and 3/21/2018*

Date(s) additional information obtained: *3/22/18*

Personnel contacted: *Lucie Dike*

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 # *22425, 22331, 21731, 22797*

☒ 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 *6-26-18*

☐ Desk Audit ☒ Amended Letter: *6-26-18* 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: *Sharon* DATE OF REPORT: *3/22/18*

☒ Approval for issuance of license granted by: *Sharon* DATE: *3/28/18*
Supervisor/Title