

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

Riverside Health + Rehab
745 Main Street
East Hartford CT.

M: 06/08

FLIS Staff Ellen Fourn RWC

Jeanne Davelay
Jeffrey Caw Milissa Hayes

John M. M. Debrah Simmons
Debrah Simmons Debrah Dike

Licensure Category:

CCNN

Licensed Bed

Census:

Bassinet Capacity: 345

324

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: Laurie 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, 21737, 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: Jeanne **DATE OF REPORT:** 3/22/18

Approval for issuance of license granted by: Jeanne Dike DATE: 3/28/18
Supervisor/Title