

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

Signature of FLIS Staff

Connecticut Baptist Homes, Inc.

Terri Anderson-Murray RN

292 Thorpe Avenue

Meriden, CT 06450

Licensure Category:

CCNH

Licensed Bed: 60

Census: 58

Date(s) of onsite inspection: 5/1/25 and 5/16/25

Date(s) additional information obtained: _____

Personnel contacted: Patricia Morse Administrator

Email Address: pmorse@ctbaptisthomes.org

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 # 40866, #43902

☐ 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: Terri Anderson-Murray RN

DATE OF REPORT: 5/16/25

☐ Approval for issuance of license granted by: _____ **DATE:** _____
Supervisor/Title