

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

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LICENSING INSPECTION REPORT

Facility DBA and Address

Milford Health Care Center
195 Platt Street
Milford, CT 06460

M:

Signature of FLIS Staff

James August
Kyole Daniels

Signature

Licensure Category: Select

License Number: _____

Date(s) of onsite inspection: 5/28/24, 5/29/24, 5/30/24, 6/3/24, 6/4/24

Date(s) additional information obtained: _____

Personnel contacted: Joanne Jinete (Administrator), Scott Kegley (ADNS)

Email Address: jjinete@nathealthcare.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 # 33247, 35905, 36931, 39271

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: Danielle Castro DATE OF REPORT: 6/6/24

Approval for issuance of license granted by: Judy Birtwistle DATE: 6/6/24