

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

Page 1 of ____

LICENSING INSPECTION REPORT

Facility DBA and Address
milford Health Care Center
195 Platt Street
milford, CT 06460

M:

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 Tinete (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, 35965, 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 Burtinette DATE: 6/6/24

Signature of FLIS Staff

James August
Kyble Daves

Signature

Signature

Signature

Signature

Survey Team Leader: Danielle Castro

Judy Burtinette, SMC

Supervisor: Reg. K. de B. 3/15

Signature

Signature

Signature

Licensed Bed Capacity: 120

Census: 113

Licensed Bassinet Capacity: _____