

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

Elton RCH

30 West Main St.

Waterbury, CT 06710

M:

Kibby Phillips

FLIS Staff

Generalist/Surveyor HPA

Licensure Category:

Residential Care Home

Licensed Bed

85

Census: 96

Bassinet Capacity:

Date(s) of onsite inspection: 3/25/19

Date(s) additional information obtained: 4/9/19

Personnel contacted: Matthew Martland, Person in Charge,

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 # CT: 24397 & CT: 24720

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 4/18/19

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: Kibby Phillips **DATE OF REPORT:** 4/4/19

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