

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

LICENSING INSPECTION REPORT

Facility DBA and Address

Signature of FLIS Staff

Regency House  
1870 East Main Street  
Wallingford CT, 06492-3947

Michelle Povolonia  
J. Ellington  
Cesar Castib  
KAMON ELLISON

M: \_\_\_\_\_

Survey Team Leader: Michelle Povolonia  
Supervisor: Connie Greene  
T. Row P35  
Joe Kingston  
BFSI

Licensure Category: Select CCNH

Licensed Bed Capacity: 130

Census: 127

License Number: 2072-C

Licensed Bassinet Capacity: 13

Date(s) of onsite inspection: 7/28, 7/29, 7/30, 7/31 and 8/1/2025

Date(s) additional information obtained: \_\_\_\_\_

Personnel contacted: Administrator David Bond and Katherine Lopez, DNS

Email Address: dbond@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 # CT 124427 CT# 124416 and CT# 2573687
- 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: Michelle Povolonia DATE OF REPORT: 8/04/2025

Approval for issuance of license granted by: \_\_\_\_\_ DATE: \_\_\_\_\_