

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

LICENSING INSPECTION REPORT

<i>Facility DBA and Address</i>	<i>Signature of FLIS Staff</i>	
The Residence at Ferry Park	_____	_____
DBA _____	Laura Boggio	+
60 Cold spring Rd	_____	Nurse Consultant
Street Address _____	_____	_____
Rocky Hill CT 06067	_____	_____
Municipality _____ ZIP Code _____	_____	_____
M: twilliams@residenceferrypark.com	Survey Team Leader: Laura Boggio	_____
	Supervisor: _____	_____

Licensure Category: ALSA Licensed Bed Capacity: _____ Census: 34
License Number: _____ Licensed Bassinet Capacity: _____
Date(s) of onsite inspection: 4/12/22

Date(s) additional information obtained: _____

Personnel contacted: Theresa Williams Adm, Maryla Underwood SALSA

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 # _____
- 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 5/19/22
- 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 _____

- CMP fund verification
- CRF grant verification
- Shift Coach
- Full Time Infection Prevention and Control Specialist

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

REPORT SUBMITTED BY: Laura Boggio **DATE OF REPORT:** 2/3/22

Approval for issuance of license granted by: Elizabeth T Henning SAC **DATE:** 2/10/22
Supervisor/Title