

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  
Cheshire House Home Care  
33416 E Main St.  
Waterbury, CT 06905  
M: \_\_\_\_\_  
Licensure Category: CCU/H  
Signature of FLIS Staff Judy Buttrick  
Kashmir Wilson  
Oranley Norton  
Steph Legum  
Dan Tomaszak  
Deton Smith RN  
Musubney  
Donna Shaw  
Allyson  
Licensed Bed/Bassinet Capacity: 75 Census: 71

Date(s) of onsite inspection: April 24, 25, 26, 27, 28, 2023

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

Personnel contacted: Craig Dumont, Gregory Bush

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 6/2/23

☐ 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

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REPORT SUBMITTED BY: Kermit H. S. DATE OF REPORT: 4/28/23  
☒ Approval for issuance of license granted by: Kermit H. S. DATE: 12/14/23  
Supervisor/Title