

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 LLC dba C.H.C.
33910 E. Main St.
Waterbury, CT 06705
M:

Licensure Category:

CCDFH

Date(s) of onsite inspection:

Signature of FLIS Staff
Tina Rigg
Dan Tomaszek BFSII
Debra Smith RN
Maryanne
Doris Zorn
Gillian

Licensed Bed/Bassinet Capacity: 75 Census: 71

Date(s) additional information obtained:

Personnel contacted: Craig Dumont, Hussey Best.

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 6/2/03

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:

DATE OF REPORT:

4/28/23

[] Approval for issuance of license granted by:

Supervisor/Title

DATE:

10/4/23