

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Signature of FLIS Staff

Chelsea Place Care Center

Deborah Smith, RN, NC

25 Lorraine Street

Hartford, CT 06105

Licensure Category:

CCNH

Licensed Bed/Bassinet Capacity: _____

Census: _____

216

203

Date(s) of onsite inspection: 4/30/24

Date(s) additional information obtained: _____

Personnel contacted: Judith Konow-Hinds, Administrator; Donna Perrin, DNS

Email Address: jkonow@chelseaplacecarecenter.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 #37612 and #38426

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: Deborah Smith, RN, NC

DATE OF REPORT: 4/30/24

Approval for issuance of license granted by: _____ **DATE:** _____

Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT:

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**