

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

Trinity Health Care Center
151 Hillside Ave
Hartford, CT 06106

Signature of FLIS Staff

Deborah Smith
Glenna Fried

Licensure Category:

CCNH

Licensed Bed Capacity: 134

Census: 123

Date(s) of onsite inspection: 11/7/24 and 11/8/24

Date(s) additional information obtained:

Personnel contacted: George Kingston, Administrator; Rosemarie Harvey, DON
Email Address: gkingston@trinity-hill.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 Investigations #41691, #41701, #41471

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: 11/8/24

Approval for issuance of license granted by: _____ **DATE:** _____
Supervisor/Title