

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

Signature of FLIS Staff

Trinity Health Care Center

Deborah Smith

151 Hillside Ave

Glenna Fried

Hartford, CT 06106

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