

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

Page 1 of ____

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Guilford House
109 West Lake Avenue
Guilford CT

M:

Signature of FLIS Staff

[Signature]
Cesar

laurea
Cesar

[Signature]
Agnes

Alison

Judy Burt
[Signature] RN Marc
STEVEN LAVAGNA BPSI

Jordanne
Debra Dried

Licensure Category:

CENH

Licensed Bed/Bassinet Capacity:

75

Census:

68

Date(s) of onsite inspection: 10/16, 10/17, 10/18, 10/19, 10/23

Date(s) additional information obtained: _____

Personnel contacted: Nathan Motre Adm Cal Motre Owner Jennifer Green

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 _____

☐ 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: _____

☐ Approval for issuance of license granted by: _____

DATE: _____

Supervisor/Title