

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

Guilford House  
109 West Lake Avenue  
Guilford CT  
M:

Licensure Category

CENH

Signature of FLIS Staff

*John* *Lauren*  
*Cesar* *Jordanne* *Judy*  
*Debra* *Stephanie* *Marc*  
*Shawna* *Beth*  
*75*

Licensed Bed/Bassinet Capacity:

Census:

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

Date(s) additional information obtained:

Personnel contacted: *Nathan Motte Adam Cal Motte Owner Jennifer Green DNP*

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:** 10/23/23

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