

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

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LICENSING INSPECTION REPORT

Facility DBA and Address

Signature of FLIS Staff

Monarch Spring Meadow Trumbull

Michael J. Smith

Nurse Consultant

6949 Main St. Trumbull CT 06611

Megan Edson-Sawyer

Nurse Consultant

M: sgambardella@sm.monarchcommunities.com

Survey Team Leader: Michael J. Smith

Supervisor:

Elizabeth Heiney

Licensure Category: ALSA

License Number: _____

Licensed Bed Capacity: _____

Census: _____

Licensed Bassinet Capacity: _____

Date(s) of onsite inspection: 03/27/2025

Date(s) additional information obtained: _____

Personnel contacted: Trumbull: Executive Director Samantha Gambarella and SALSA John Byrne Southbury: ED Tatina Bernal

Email Address: sgambardella@sm.monarchcommunities.com

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

☒ Licensing Inspection ☐ Initial ☒ Renewal ☐ Other (e.g. strikes): _____

☒ Visit **OR** Revisit for the purpose of Visit conducted to MRC Monarch at Southbury 3/27/2025

☐ 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 _____

REPORT SUBMITTED BY: Michael J. Smith DATE OF REPORT: 03/27/2025

☐ Approval for issuance of license granted by: Elizabeth Heiney RWC DATE: 3/31/25