

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

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LICENSING INSPECTION REPORT

Entity Name and Address of Entity
Mystic Healthcare & Rehabilitation
475 High St Mystic, Ct

Signature of FLIS Staff
James T...
Barbara Greenwell
Stephanie L... BSEP
Erin K... BESI

M: _____

Licensure Category: CMA Licensed Bed/Bassinet Capacity: 100 Census: 85

Date(s) of onsite inspection: 11/01/2023, 11/8/2023, 11/6/23, 11/7/23, 11/8/23

Date(s) additional information obtained: _____

Personnel contacted: David Desell ADM, Nicole Loving DNS

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: Heather Martin DATE OF REPORT: 11/9/2023

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