

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

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LICENSING INSPECTION REPORT

✓/b/a Name and Address of Entity

MYSTIC Healthcare & Rehabilitation 16000175
175 High St Mystic, CT 06355

Signature of FLIS Staff

Wm Butry
Linda O'Leary
Barbara Greenfield
Stephen Lanning BSE
Amy Kowalski BSE

M:

Licensure Category:

U MA

Licensed Bed/Bassinet Capacity: 100 Census: 85

Date(s) of onsite inspection: 11/01/2023, 11/02/2023, 11/06/23, 11/07/23, 11/08/23

Date(s) additional information obtained:

Personnel contacted: David Bessell 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