

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

Autumn Lake Healthcare at Cromwell
385 Main Street
Cromwell, CT 06416

Signature of FLIS Staff

Deborah Smith

Licensure Category:

CCNH

Licensed Bed/Bassinet Capacity: 175

Census: 169

Date(s) of onsite inspection: 5/9/25

Date(s) additional information obtained:

Personnel contacted: Chaim Scher, Administrator; Tanya Hopkins, DON

Email Address: CScher@autumnhc.net

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

Visit OR Revisit for the purpose of _____

See Complaint Investigations #41412 and #44118

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: Deborah Smith, RN, NC

DATE OF REPORT: 5/9/25

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