

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

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LICENSING INSPECTION REPORT

Facility DBA and Address

Autumn Lake at Bucks Hill
2817 N. Main St. Waterbury, CT
06704

Signature of FLIS Staff

[Signature]
Judy Birtwistle

[Signature]
Melissa Corle

Survey Team Leader:
Supervisor:

Marlena Deschaine

Judy Birtwistle

[Signature]
Holly Dzen

M:

Licensure Category: Select CCNH

Licensed Bed Capacity: 90

License Number: 2400

Licensed Bassinet Capacity: ____

Census: 85

Date(s) of onsite inspection: 12/2/24, 12/3/24, 12/4/24, 12/5/24, 12/6/24

Date(s) additional information obtained: ____

Personnel contacted: Krista Wagner, Administrator / Ariel Colon, DNS

Email Address: kwagner@autumnhc.net / acolona@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 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: MDeschaine DATE OF REPORT: 12/9/24

☐ Approval for issuance of license granted by: ____ DATE: ____