

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

Page 1 of \_\_\_\_

LICENSING INSPECTION REPORT

*Facility DBA and Address*

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

M:

*Signature of FLIS Staff*

Judy Birtwistle

Judy Birtwistle  
Marlena Deschaine  
Melissa Corp

*Survey Team Leader:  
Supervisor:*

Judy Birtwistle

Molly Dzen

*Licensure Category:* Select CCNH

*Licensed Bed Capacity:* 90

*Census:* 85

*License Number:* 2400

*Licensed Bassinet Capacity:* \_\_\_\_\_

*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 / acolon@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: Marlena Deschaine DATE OF REPORT: 12/9/24

Approval for issuance of license granted by: \_\_\_\_\_ DATE: \_\_\_\_\_