

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***

Complete Care at Groton Regency LLC

1145 Poquonnock Rd.

Groton, CT. 06340

***Signature of FLIS Staff***

Deborah Smith

**Licensure Category:**

CCNH

Licensed Bed/Bassinet Capacity:

130

Census: 121

**Date(s) of onsite inspection:** 6/20/24

**Date(s) additional information obtained:**

**Personnel contacted:** Jeffrey Turner, Administrator; Kahlena Watkins, DON

**Email Address:** jturner@ccgrotonregency.com

**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 #39324

☐ 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:** 6/2024

☐ Approval for issuance of license granted by: \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Supervisor/Title

**STRIKE MONITORING SUPPLEMENT TO  
LICENSING INSPECTION REPORT**

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LICENSING INSPECTION NARRATIVE REPORT: