

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

Page 1 of __

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Complete Care at Groton Regency LLC
1145 Poquonock 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**

Page 2 of ____

LICENSING INSPECTION NARRATIVE REPORT: