

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

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LICENSING INSPECTION REPORT

Facility DBA and Address

ESSEX meadows LLC
30 PERKINS RD. ESSEX, CT.
06030-1535

Signature of FLIS Staff

Judith Chavira
Reg. Nurse DESE

Survey Team Leader:
Supervisor:

[Signature]

M: _____

Licensure Category: Select CNH

Licensed Bed Capacity: 45

Census: 40

License Number: 2487

Licensed Bassinet Capacity: _____

Date(s) of onsite inspection: 11/6/25, 11/7/25, 11/8/25, 11/9/25, 11/10/25

Date(s) additional information obtained: _____

Personnel contacted: _____

Email Address: _____

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 # 31385

☐ 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: [Signature] DATE OF REPORT: 11/13/25

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

STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT

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LICENSING INSPECTION NARRATIVE REPORT:

19-13-D8+(vX10XAXI)

19-13-D8+(v)(13)(B)

19-13-D8+(v)(20)(I)

19-13-D8+(vX8XC)