

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

Autumn Lake Health Care
at Glen Hill

Signature of FLIS Staff

J. Ellingson
Melinda Depe
Cesar Castillo

Judith Chosra
Yannellien
Michele Boni
Theresa Rife

M: 1 Glen Hill RD, Danbury
CT 06811

Licensure Category:

Licensed Bed/Bassinet Capacity: 100 Census: 88

Date(s) of onsite inspection: 6/3/25, 6/4/25, 6/5/25, 6/6/25 & 6/9/25

Date(s) additional information obtained: _____

Personnel contacted: Rhena Perez (Administrator) Carla Soliga (DNS)

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 # CT 38347, CT41283

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 _____

- CMP fund verification
- CRF grant verification
- Shift Coach
- Full Time Infection Prevention and Control Specialist

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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REPORT SUBMITTED BY: Thelma **DATE OF REPORT:** 6/10/2025

[] Approval for issuance of license granted by: _____ **DATE:** _____
Supervisor/Title