

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. Ellinghaus
Melinda Cope
Cesar Castillo

Judith Chwora
Yvonne Wilson
Thomas Rye

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: Alicia Perez (Administrator) Carla Solipa (DAS)

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

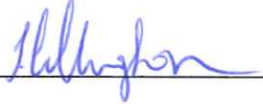
☐ CRF grant verification

☐ Shift Coach

☐ Full Time Infection Prevention and Control Specialist

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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

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