

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

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LICENSING INSPECTION REPORT

Facility DBA and Address

The Cottage at Litchfield Hills

Megan Edson-Sawyer

Signature of FLIS Staff

Nurse Consultant

376 Goshen Rd. Torrington, Ct 06790

M: mmorgan@cottagelitchfield.com

Survey Team Leader: *Megan Edson-Sawyer*

Supervisor:

Elizabeth Heiney

Licensure Category: ALSA

License Number: 250

Licensed Bed Capacity: ____

Licensed Bassinet Capacity: ____

Census: ____

Date(s) of onsite inspection: 12/18/2024

Date(s) additional information obtained: ____

Personnel contacted: Executive Director Monica Morgan and SALSA Corrina Kwasnick

Email Address: mmorgan@cottagelitchfield.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 Investigation # 37607
- ☐ 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: Megan Edson-Sawyer DATE OF REPORT: 12/18/2024

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

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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LICENSING INSPECTION NARRATIVE REPORT:

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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