

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*

*Signature of FLIS Staff*

Civita Care Center at Danbury

Maureen Sanzone

107 Osbourne Street

Danbury, Ct 06810

**Licensure Category:**

CCNH

Licensed Bed/Bassinet  
Capacity: 120

Census: 113

**Date(s) of onsite inspection: Desk Audit 1/30/25**

**Date(s) additional information obtained:** \_\_\_\_\_

**Personnel contacted: Chioma Thomas the Administrator on 1/30/25 at 11:45 AM**

**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 # \_\_\_\_\_

☐ 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 1/30/25 ☐ 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:** Maureen Sanzone

**DATE OF REPORT:** 1/30/25

☐ Approval for issuance of license granted by: \_\_\_\_\_ **DATE:** \_\_\_\_\_

**STRIKE MONITORING SUPPLEMENT TO  
LICENSING INSPECTION REPORT**

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Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: