

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

Civita Care Center at Danbury
107 Osbourne Street
Danbury, Ct 06810

Signature of FLIS Staff

Maureen Sanzone

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: