

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

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LICENSING INSPECTION REPORT

Facility DBA and Address

Laurel Ridge Center For Health & Rehabilitation

642 Danbury Rd., Ridgefield, CT 06877

Signature of FLIS Staff

T. Murphy

*Anthony Haanck
Judith O'Connor*

Jennifer Green
Survey Team Leader:
Supervisor:

Dan Tomascuri BPSI

M:

Licensure Category: CCNH

License Number: 2509

Date(s) of onsite inspection: _____

Date(s) additional information obtained: _____

Personnel contacted: _____

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 # 43429, 43705, 43743, 43762

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: Jennifer Green, R.N. DATE OF REPORT: 4/19/2025

Approval for issuance of license granted by: _____ DATE: _____

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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LICENSING INSPECTION NARRATIVE REPORT: