

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

LICENSING INSPECTION REPORT

Facility DBA and Address

Signature of FLIS Staff

Masonicare at Mystic
DBA
45 Clara Drive
Street Address
Mystic CT 06355
Municipality ZIP Code
M: ldubuque@masonicare.org

Laura Boggio
Nurse Consultant
Survey Team Leader: Laura Boggio
Supervisor: Elizabeth Heiney

Licensure Category: ALSA Licensed Bed Capacity: 82 Census: 76
License Number: 0087 Licensed Bassinet Capacity: _____
Date(s) of onsite inspection: 2/1/2023

Date(s) additional information obtained: 2/6/23

Personnel contacted: Lauren Dubuque ED, Susan Cartier SALSA

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 # 33791
- 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**

REPORT SUBMITTED BY: Laura Boggio **DATE OF REPORT:** 2/6/23

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

Supervisor/Title

**STRIKE MONITORING SUPPLEMENT TO
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LICENSING INSPECTION NARRATIVE REPORT:

