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

LICENSING INSPECTION REPORT

Facility DBA and Address

Cole Brook Village
DBA
55 John E Horton Rd
Street Address
Hebron CT 06248 06196
Municipality *ZIP Code*
M: skauffman@colebrookvillage.com

Signature of FLIS Staff

Laura Boggio — RN Nurse Consultant

Survey Team Leader: Laura Boggio
Supervisor: Elizabeth Heiny

Licensure Category: ALSA
License Number:
Licensed Bed Capacity: 111
Licensed Bassinet Capacity:
Census: 113

Date(s) of onsite inspection: 3/23/22, 3/24/22

Date(s) additional information obtained:

Personnel contacted: Scot Kauffman ED, Deb Smith RN SALSA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

- [x] Licensing Inspection ☐ *Initial* ☑ *Renewal* ☐ *Other (e.g.strikes)*:
- [ ] Visit **OR** Revisit for the purpose of
- [ ] See Complaint Investigation #
- [x] 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 5/6/22
- [ ] 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 RN NC **DATE OF REPORT:** 3/24/22

☑ Approval for issuance of license granted by: Elizabeth T Heiney SNC **DATE:** 3/28/22

Supervisor/Title