

07/06/2021

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

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LICENSING INSPECTION REPORT

Facility DBA and Address

Signature of FLIS Staff

The Landings at North Haven
DBA
201 Clintonville RD
Street Address
North Haven CT 06473
Municipality ZIP Code
M: csheehan@leisurecare.com

Laura Boggio
Nurse Consultant

Survey Team Leader: _____
Supervisor: Elizabeth Heiny

Licensure Category: ALSA

Licensed Bed Capacity: 124

Census: 100

License Number: _____

Licensed Bassinet Capacity: _____

Date(s) of onsite inspection: 4/21/2022

Date(s) additional information obtained: _____

Personnel contacted: Christopher Sheehan ED, Stacey Thompson 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 # _____

☒ 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 6/1/22

☐ 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**

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REPORT SUBMITTED BY: Laura Boggio **DATE OF REPORT:** 4/22/22

☒ Approval for issuance of license granted by: Elizabeth T Henry SNC **DATE:** 5/1/22
Supervisor/Title

*Census includes 22 memory care clients