

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

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Colebrook Village

LICENSING INSPECTION REPORT

Facility DBA and Address	Signature of FLIS Staff
Elmbrook Village <i>- MRC</i>	<u>Laura Boggio</u> Nurse Consultant
DBA	
380 Salem Turnpike	
Street Address	
Bozrah CT 06334	
Municipality ZIP Code	
M:	Survey Team Leader: <u>Laura Boggio</u>
	Supervisor: <u>Elizabeth Heiney</u>
Licensure Category: <u>ALSA</u>	Licensed Bed Capacity: <u>115</u>
License Number: <u>196</u>	Licensed Bassinet Capacity: <u>47</u>
Date(s) of onsite inspection: <u>6/27/22</u>	Census: <u>47</u>

Date(s) additional information obtained: _____

Personnel contacted: Kevin Horan Ed, Alisonn Watrous RN

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 _____ ☐ 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:** 6/27/22

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

Supervisor/Title

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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LICENSING INSPECTION NARRATIVE REPORT:

