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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Capital Senior Living
D/b/a Spring Meadows Trumbull
6949 Main Street
M: Trumbull CT 06611

Signature of FLIS Staff

Michael J. Smith RN, Nurse Consultant

Licensure Category:

Assisted Living Facility

Licensed Bed Bassinet Capacity: Dementia 14 apt.

Census: 50 ALSA, 12 clients

Date(s) of onsite inspection: April 29, 2019

Date(s) additional information obtained: _____

Personnel contacted: Annette Downes, SACM

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[X] Licensing Inspection [ ] *Initial* [X] *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 _____

[ ] 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: Michael J. Smith **DATE OF REPORT:** 4/29/19

[X] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 5-1-19
Supervisor/Title