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

LICENSING INSPECTION REPORT

Facility DBA and Address

Covenent Village
DBA
52 Missioinary Road
Street Address
Cromwell CT 06416
Municipality *ZIP Code*
M: DRSStegbauer@CovLiving.org

Signature of FLIS Staff

Laura Boggio — Nurse Comnsultant

Survey Team Leader:
Supervisor: Cheryl Davis

Licensure Category: ALSA
License Number:
Licensed Bed Capacity:
Licensed Bassinet Capacity:
Census: 49

Date(s) of onsite inspection: 11/1/21

Date(s) additional information obtained: 11/5/21

Personnel contacted: Dan Stegbaur ED, Linda Agosto SALSA

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 11/15/21
- [ ] 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 **DATE OF REPORT:** 11/4/21

☑ Approval for issuance of license granted by: _____ **DATE:** 11/5/21

Supervisor/Title