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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity	*Signature of FLIS Staff*	
The Residence at South Windsor Farms	**Inna Erlikh**	Nurse Consultant
200 Deming Street, South Windsor		
M:		

Licensure Category: #204
ALSA Licensed Bed/Bassinet Capacity: __ Census: _____

Date(s) of onsite inspection:
_3/24/2021

Date(s) additional information obtained: _____

Personnel contacted: ____Stacey Zdanis

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[ ] Licensing Inspection [ ] *Initial* [ ] *Renewal* [ ] *Other (e.g.strikes)*: _____

[x] Visit **OR** Revisit for the purpose of ____Covid-19

[x] See Complaint Investigation # ____CT#29595

[ ] 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 _____

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

[ ] CMP fund verification Violation YES/NO

[ ] CRF grant verification Violation YES/NO

[ ] Visitation compliance Violation YES/NO

REPORT SUBMITTED BY: Inna Erlikh_____ **DATE OF REPORT:** _____3/25/2021_____

[ ] Approval for issuance of license granted by: _____ **DATE:** _____
Supervisor/Title