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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity	*FLIS Staff*	
Parsonage Cottage Senior RCH	*Kibby Phillips*	**Generalist Surveyor**
88 Parsonage Rd.		
Greenwich, CT 06830		
M:		

Licensure Category:

	Licensed Bed Bassinet Capacity:	Census:
Residential Care Home	**40**	**38**

Date(s) of onsite inspection: **12/05/19**

Date(s) additional information obtained: _____

Personnel contacted: **Penny Lore, Person in Charge**

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 1/7/20

[ ] 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: *Kibby Phillips* **DATE OF REPORT:** **12/11/19**

[✓] Approval for issuance of license granted by: _____ **DATE:** 12/11/19

Karen Gwarek RN,SNC **Supervisor/Title**