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*	
	Kibby Phillips	**Generalist Surveyor**
Alberta Manor, Inc.		
21 Victoria Rd.		
Hartford, CT 06114		
M:		

Licensure Category:

	Licensed Bed	Census:
Residential Care Home	Bassinet Capacity: **30**	**30**

Date(s) of onsite inspection: **10/08/19 & 10/09/19 & Fire Safety Inspection**

Date(s) additional information obtained: _____

Personnel contacted: **Katherine Richheimer, 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 ~~10/~~REG) 12/9/19

[ ] 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:** 10/09/19

[√] Approval for issuance of license granted by: Karen Dworek RN, MSN, C **DATE:** 10/9/19
Supervisor/Title