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

LICENSING INSPECTION REPORT

Facility DBA and Address
THE ROSES AT GUILFORD HOUSE
109 W LAKE AVE
GUILFORD, CT 06437-1352

Signature of FLIS Staff
Laura Boggio RN

Original Expiration Date: 12/31/2020

Survey Team Leader: _____
Supervisor: Elizabeth T. Heiney BNC

License Prefix and Number: ALSA.0000209

Licensed Bed Capacity: ___ **Census:** ___
Licensed Bassinet Capacity: ___

Date(s) of onsite inspection: 9/29/21

Date(s) additional information obtained: _____

Personnel contacted: _____

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

☑ Licensing Inspection ☑ *Renewal for period between January 1, 2019 through Decmber 31, 2020*

☐ Visit **OR** Revisit for the purpose of _____

☐ See Complaint Investigation # _____

☐ 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 _____

- ☐ 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 **DATE OF REPORT:** 9/29/21

[X] Approval for issuance of license granted by: CT Henry SMC **DATE:** 10/10/21
Supervisor/Title (NOV) CTH

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

The Roses
109 West Lake Ave
Guilford CT 06437
M:

FLIS Staff

Laura Boggs RNC

Licensure Category: AISA

Licensed Bed Capacity: _____ Census: 11

Date(s) of onsite inspection: 9/28/21, 9/29/21

Date(s) additional information obtained: _____

Personnel contacted: Pat Maffie executive Director

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: Laura Boggs **DATE OF REPORT:** 9/29/21

[X] Approval for issuance of license granted by: Roberts, Henry SNC **DATE:** 11/30/21
Supervisor/Title