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



## LICENSING INSPECTION REPORT

*d/b/a Name and Address of Entity*
**April Time RCH**
**91 Chestnut St.**
**Manchester, CT 06040**
**M:**

*FLIS Staff*
Kibby Phillips
**Generalist/Surveyor HPA**

**Licensure Category:**
**Residential Care Home**

Licensed Bed Capacity: **34**
Census: **34**

**Date(s) of onsite inspection:** **6/11/19 & Fire Safety Inspection**

**Date(s) additional information obtained:** ___

**Personnel contacted:** **Kuldip S. Boghal, Person in Charge,**

**REVIEW/FINDINGS/PROCESS** (Complete all applicable categories)

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

[ ] Visit **OR** Revisit for the purpose of ___

[X] See Complaint Investigation # **CT: 25438**

[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 7/3/19

[ ] 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:** 6/12/19

[✓] Approval for issuance of license granted by: Karen Yworek RN SNC **DATE:** 7/2/19
Supervisor/Title