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***

Johnson Home Inc.
M: 100 Town St.
Norwich, CT 06360

Aneta Predka

Licensure Category:
RCH

Licensed Bed/Bassinet Capacity: 14

Census: 11

Date(s) of onsite inspection: remote investigation 9/8/22 and 9/9/22

Date(s) additional information obtained:

Personnel contacted: Tina Yeitz Administrator, Sarah Hill Director of Resident Care

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

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

[X] See Complaint Investigation #32816

[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 9/20/22

[ ] 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

REPORT SUBMITTED BY: Aneta Predka **DATE OF REPORT:** 9/12/22

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