

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

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LICENSING INSPECTION REPORT

Facility DBA and Address

Signature of FLIS Staff

The Saybrook at Haddam

DBA

1556 Saybrook Rd

Street Address

Haddam CT 06438

Municipality

ZIP Code

M: PPhillips@thesaybrookathaddam.com

Laura Boggio

Nurse Consultant

Karen Danato

Nurse consultant

Survey Team Leader: Laura Boggio

Supervisor: _____

Licensure Category: ALSA

Licensed Bed Capacity: _____

Census: 69

License Number: _____

Licensed Bassinet Capacity: _____

Date(s) of onsite inspection: 10/17/22, 10/18/22

Date(s) additional information obtained: _____

Personnel contacted: Perry Phillips ED Lucille Bowen SALSA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

☒ Licensing Inspection ☐ Initial ☒ Renewal ☐ Other (e.g. strikes): _____

☐ 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 11/15/22

☐ 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

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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REPORT SUBMITTED BY: Laura Boggio **DATE OF REPORT:** 10/18/22



Approval for issuance of license granted by Elizabeth T. King SAC **DATE:** 10/31/22
Supervisor/Title