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

LICENSING INSPECTION REPORT

Facility DBA and Address

Green Lodge Residential Care
DBA
612 Middle Turnpike East
Street Address
Manchester CT 06040
Municipality *ZIP Code*
M:

Signature of FLIS Staff

Margaret McKinney

Survey Team Leader: Margaret McKinney
Supervisor: Cheryl Davis

Licensure Category: RCH
License Number:
Licensed Bed Capacity: 20
Licensed Bassinet Capacity:
Census: 16

Date(s) of onsite inspection: 3/28/22 and 4/22/22

Date(s) additional information obtained:

Personnel contacted: Michelle McClure - Manager

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

- ☐ Licensing Inspection ☐ *Initial* ☐ *Renewal* ☐ *Other (e.g.strikes)*:
- ☑ Visit **OR** Revisit for the purpose of a monitoring visit
- ☐ 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 5/10/22
- ☐ Desk Audit ☐ Amended Letter: Original Ltr.
- ☑ Citation # 2022-09 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: Margaret McKinney **DATE OF REPORT:** 3/29/22

☐ Approval for issuance of license granted by: _____ **DATE:** _____

Supervisor/Title