

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 Residence Ferry Park

Laura Boggio

Nurse Consultant

DBA

60 Cold Spring Road

Street Address

Rocky Hill CT 06067

Municipality

ZIP Code

M: twilliams@residenceferrypark.com

Survey Team Leader:

Laura Boggio

Supervisor:

Elizabeth Heiney

Licensure Category: ALSA

Licensed Bed Capacity:

Census: 46

License Number:

Licensed Bassinet Capacity:

Date(s) of onsite inspection: 3/20/23

Date(s) additional information obtained:

Personnel contacted: Theresa Willaims Executive Director, Melissa Burnette 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 # 33509

☐ 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

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REPORT SUBMITTED BY: Laura Boggio DATE OF REPORT: 3/21/23

☐ Approval for issuance of license granted by ETHELYN SVC DATE: 3/24/23
Supervisor/Title

Complaint investigation #33509
No violations identified