2017

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*	
Elton Residential Care Home	**Kibby M. Phillips-Surveyor**	**/Generalist**
30 West Main St.		
Waterbury, CT 06710		

Licensure Category:
Residential Care Home — Licensed Capacity: **96** — Census: **95**
_____ — Licensed Capacity: _____ — Census: _____

Date(s) of onsite inspection: **10/24/17**

Date(s) additional information obtained: _____

Personnel contacted: Matthew T. Martland, Person in Charge _____

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[ ] Licensing Inspection [ ] *Initial* [X] *Renewal* [ ] *Other*: _____

[ ] Desk Audit _____ [ ] Amended Letter: _____

[ ] Revisit for the purpose of _____

[ ] See Complaint Investigation # _____

[ ] See Reportable Event Investigation # _____

[ ] See Certification File.

[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 11/1/17

[ ] 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.

[ ] Referral(s) to _____

REPORT SUBMITTED BY: _Kibby M. Phillips___ Kibby M Phillips **DATE OF REPORT: _10/25/17_____**

[✓] Approval for issuance of license granted by: Karen Gworek RN BSN **DATE:** 10-30-17
Supervisor/Title

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Healthcare Quality And Safety Branch

November 1, 2017

Matthew Martland, Person-in-Charge
Elton Residential Care Home
30 West Main Street
Waterbury, CT 06710

Dear Mr. Martland:

An unannounced visit was made to Elton Residential Care Home on October 24, 2017 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a licensure inspection.

Attached are the violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which were noted during the course of the visits.

You may wish to dispute the violations and you may be provided with the opportunity to be heard. If the violations are not responded to by November 15, 2017 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

In accordance with Connecticut General Statutes, section 19a-496, Upon a finding of noncompliance with such statutes or regulations, the department shall issue a written notice of noncompliance to the institution. Not later than ten days after such institution receives a notice of noncompliance, the institution shall submit a plan of correction to the department in response to the items of noncompliance identified in such notice. The plan of correction shall include:

(1) The measures that the institution intends to implement or systemic changes that the institution intends to make to prevent a recurrence of each identified issue of noncompliance;

(2) the date each such corrective measure or change by the institution is effective;

(3) the institution's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained; and

(4) the title of the institution's staff member that is responsible for ensuring the institution's compliance with its plan of correction.

The plan of correction shall be deemed to be the institution's representation of compliance with the identified state statutes or regulations identified in the department's notice of noncompliance. Any institution that fails to submit a plan of correction may be subject to disciplinary action.

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

DATE(S) OF VISIT: October 24, 2017

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

Respectfully,

Karen Gworek, RN

Karen Gworek, RN
Supervising Nurse Consultant
Facility Licensing and Investigations Section

KEG:mb

cc: Nancy Shaffer

DATE(S) OF VISIT: October 24, 2017

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (5) and/or (h) General Conditions (6).

1. Based on observations during a tour of the facility and interviews, the facility failed to maintain thermometers in refrigeration to ensure proper storage. The findings include:
   a. Observations on 10/24/17 of refrigerators located in medication room, in the kitchen near the dishwasher and the one in the basement identified each one contained food items and there was no thermometer present. Interview with the Person-in-Charge identified there were no thermometers present.

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D6 (b) Physical plant (N) (5) and/or (c) Administration (5).

2. Based on observations during a tour of the facility and interviews, the facility failed to ensure the call system was functioning. The findings include:
   a. Observations on 10/24/17 on the fifth and sixth floor in the hall bathrooms, when tested the call system had no audible sound. In Room 509 the bulb in the call light fixture above the room entrance was burnt out. Interview with the Person-in-Charge identified the problems.

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1)(5).

3. Based on observations during a tour of the facility and interviews, the facility failed to ensure the proper storage of oxygen. The findings include:
   a. Observations on 10/24/17 in Room 509 identified four (4) small oxygen cylinders, two (2) were in stands and two (2) were lying on the resident's bed. Interview with the Person-in-Charge identified the observation.

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (f) Dietary (4) and/or (h) General Conditions (6).

4. Based on observations and interviews, the facility failed to ensure the dishwasher was functioning properly. The findings include:
   a. On 10/24/17 observations during the dishwashing process identified that the gauge needles were not working. Interview with the Person-in-Charge identified the problem.

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (c) Administration (1) and/or (4).

5. Based on review of personnel files and interview, the facility failed to ensure that performance evaluations were completed annually. The findings include:

DATE(S) OF VISIT: October 24, 2017

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

a. Review of staff personnel records identified that annual performance evaluations were not completed for the following staff; Staff Person #1 last evaluation was in 9/2016, Staff Person #2 last evaluated on 6/11/16, Staff Person #3 on 8/21/16, Staff Person #4 on 11/15/15, Staff Person #5- last evaluated on 8/23/16, Staff Person #6 on 6/11/16 and Staff Person #7 was last evaluated in 9/2016. Interview with the Person-in-Charge identified the staff were not evaluated annually.

The following are a violation of the Regulations of Connecticut State Agencies Section 19-13-D6 (b) Physical plant (O) (2) and/or (c) Administration (1) and/or (c) Administration (5).

6. Based on observations and interview the facility did not ensure the emergency electric service was tested monthly. The findings include:
   a. On 10/24/17, review of the facility records failed to reflect documentation that the generator was tested on full load for thirty (30) minutes on a monthly basis. Interview with the Person-in-Charge identified the failure to verify testing was completed.

Elton Residential Care Home
The Elton – An Historic Landmark
30 West Main Street
Waterbury, CT 06702
Phn. (203) 756-1229
Fax (203) 596-8222

Approved
12/18
KEG

State of CT
Dept of Public Health
Facility Licensing and Investigations
410 Capitol Ave PO Box 340308
Hartford, CT 06134-0308

December 5, 2017

RE: Elton RCH

Attn: Karen Gworek

Our response suspected to your letter of November 1, 2017 which we received on November 15, 2017.

1.a Refrigerator Thermometers: We have eleven freezers and refrigerators in the kitchen and basement for our Dietary program. All of these units are commercial style with thermometer probes on the inside and an LED gauge reading on the outside. DPH requires an additional thermometer be placed on the inside. Additionally, we have two residential style refrigerators per resident floor; eight total that have thermometers placed on the inside. During the inspection three units were found to have no thermometer present. Two units were equipped with thermometers during the inspection and the final one purchased later that month. Date effective; November 28, 2017. Chef #1 is responsible for placement. The In-charge person is responsible in overseeing thermometers always present.

2.a Call system is utilized daily, inspected and tested weekly. Bulbs do wear out unexpectedly as do horns. Hall bathrooms have been repaired and 509 has a new bulb. Maintenance Manager is responsible for repair of any worn out bulb or horn. Lead Floor Aides to report any un-working lights or horns during routine testing. Date effective November 29, 2017.

3.a Unsecured oxygen tanks: J&L Services has provided us with the appropriate containers and we have advised them to provide same for all clients they service at our facility. Date effective 11/26/17. Our Office Manager is responsible for ensuring this happens. Our Floor aides to inspect during housekeeping and report to Office Manager if unsecured. This resident has been non compliant in helping us abide by regulation.

4.a. Dishwasher temperature gauge not reading properly. Our quarterly inspections by DPH-Waterbury include strip testing of inside water temperatures. All our readings have been in the proper range and hence no attention has been placed on the exterior gauge with the interior probe. We have purchased new gauges, copy of invoice attached, 2 pages. Date effective 11/2/2017. Dishpreps responsible to report low temperature readings to Office Manager.

5.a. Staff persons 1-7 no annual review. I have 45 employees and endeavor to treat and pay them well. Staff persons #1,#2, #3 and #4 were found in a different file and faxed to your office on October 27. 2017. Staff person # 7 was done on October 30, 2017. Staff persons #5 and #6 were late and done in November 2017. Date effective November 30, 2017. The Administrator is responsible for ensuring reviews are done annually. Copies of confirmed faxes attached. 4 pages.

6.a Generator Transfer tests not done monthly: Our Maintenance Manager who performs the tests monthly and logs them in our Generator binder was not switching the load to the generator properly during his 30 minute monthly load test. Our contractor, Naugatuck Valley Electric came out during the inspection and showed us that the system and switches were working properly -test performed while inspector present. Our Maintenance Manager will perform the monthly test properly now that he has been shown the proper transfer switch. Date Effective 11/11/17, the Maintenance Manager is responsible for this test.

Thank you for your attention to this matter.

Sincerely,

MTM_MW

Matthew Martland Administrator, Person in Charge-Elton RCH

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Elton Residential Care Home
M: 30 West Main Street
Waterbury, CT 06702

Signature of FLIS Staff

Jennifer Flynn RN (KEG)

Licensure Category: RCH

Licensed Bed/ Bassinet Capacity: 96

Census: 94

Date(s) of onsite inspection: 7/27/17

Date(s) additional information obtained: _____

Personnel contacted: Matthew Martland Person-in-Charge

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 # 22004

[ ] 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 _____

REPORT SUBMITTED BY: Karen Gwarek RN, SNC **DATE OF REPORT:** 8-11-17

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

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Healthcare Quality And Safety Branch

August 14, 2017

Matthew Martland, Person-in-Charge
Elton Residential Care Home
30 West Main Street
Waterbury, CT 06710

Dear Mr. Martland:

An unannounced visit was made to Elton Residential Care Home on July 27, 2017 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation.

There were no violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut noted during the course of the visit.

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

Karen Gworek, RN

Karen Gworek, RN
Supervising Nurse Consultant
Facility Licensing and Investigations Section

Complaint #2200

cc. Nancy Shaffer

Connecticut Department of Public Health

Phone: (860) 509-7400 • Fax: (860) 509-7543
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph
Affirmative Action/Equal Opportunity Employer

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

FACILITY LICENSURE & INVESTIGATIONS SECTION

TO: Administrator
Elton Residential Care Home
30 West Main Street
Waterbury, CT 06702

FROM: Colleen B. Judge, Processing Technician

DATE: January 4, 2021

RE: Renewal Application

I have reviewed the application for the renewal of your facility's license. I have found the following items to be incomplete, inaccurate or omitted:

1. The organizational chart is not filled out correctly. Please see the attachment. This is the correct format for the organizational chart. Fill in the names.
2. Please fill out the ownership forms for the Licensee.
3. An Affidavit needs to be submitted for the owners, officers, directors and the person in charge.

Please submit the required item(s) to this office by January 18, 2021. If *all* required materials are not received by the above date, an office conference will be scheduled.

The biennial filing of licensure renewal material is required by Section 19a-493, of the General Statutes of Connecticut. Noncompliance with this statute may result in action to prevent conduct of an unlicensed institution as defined in the General Statutes of Connecticut Section 19a-503.

Please contact me at 860-509-7444 if I can be of any assistance.

Phone: (860) 509-7444 Fax: (860) 509-7535
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12FLIS
P.O. Box 340308 Hartford, CT 06134
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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

FACILITY LICENSURE & INVESTIGATIONS SECTION

ORGANIZATIONAL CHART

(PLEASE KEEP FOR FUTURE REFERENCE)

????????

(WHO MAKES UP LICENSEE)

↑

MARTLAND MANAGEMENT, INC.

(LICENSEE)

↑

ELTON RESIDENTIAL CARE HOME

(FACILITY D/B/A NAME)

Phone: (860) 509-7444 Fax: (860) 509-7535
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12FLIS
P.O. Box 340308 Hartford, CT 06134
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Bauer, Sandra

From: Elton RCH <EltonRCH@hotmail.com>
Sent: Friday, September 27, 2019 2:41 PM
To: Bauer, Sandra
Subject: RE: Elton & Park City Questions
Attachments: AffidavitLMS.PDF

Effective date 10/1/19.

Thank you.

Administration
Elton RCH
30 West Main St
Waterbury, CT 06702
P: 203-756-1229
F: 203-596-8222

From: Bauer, Sandra <Sandra.Bauer@ct.gov>
Sent: Monday, September 23, 2019 7:29:02 AM
To: 'Elton RCH' <EltonRCH@hotmail.com>
Subject: RE: Elton & Park City Questions

1. No
2. Have her complete the attached. Have it notarized. And make sure to answer all 5 questions. Then, email that to me with the effective date

---

From: Elton RCH [mailto:EltonRCH@hotmail.com]
Sent: Friday, September 20, 2019 3:54 PM
To: Bauer, Sandra <Sandra.Bauer@ct.gov>
Subject: Elton & Park City Questions

1. Did you receive Fritz Jean's application to purchase Park City?
2. What do we need to do change Elton Person-In-Charge to Linnea Szantyr? I believe you said before that email notification is fine; let me know if that is not the case.

Administration
Elton RCH
30 West Main St
Waterbury, CT 06702
P: 203-756-1229

F: 203-596-8222

*Confidentiality Note: The documents accompanying this email transmission may contain confidential or privileged information. This information is intended for use by the individual or entity named on this transmission. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this information is prohibited.

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

FACILITY LICENSING & INVESTIGATIONS SECTION

ELTON RESIDENTIAL CARE HOME
30 W MAIN ST
WATERBURY, CT 06702-2012

This is in regard to the renewal of your license/certificate issued by the Connecticut Department of Public Health.

Facility Type:	Residential Care Facility
Number:	1838RCH
Expiration Date:	12/31/2020
Online User ID:	1163523
Password:	394070
Website:	https://www.elicense.ct.gov/
Amount Due:	997.00

Pursuant to Connecticut General Statutes, it is mandatory that you renew your Connecticut license online. Please visit the website listed above, select 'Login' at the top right of the screen and enter the user ID and password listed above. If you are logging on for the first time, you will need to enter a valid email address and answer three (3) security questions. Detailed Instructions are attached.

The licensing and inspection fee required for the renewal of your facility's license must be submitted prior to the issuance of your renewal license.

Failure to comply with all informational requirements will necessitate returning the forms for correction, thereby delaying the issuance of your license. Documents will be returned to the facility for correction only once. The need for additional corrections will require an office visit.

The application materials must be completed within thirty (30) days. If for any reason the forms and/or fee cannot be submitted within this time frame, this office must be notified in writing of the reason for the delay. Please be aware that failure to submit application materials within thirty (30) days will delay the issuance of your license.

Please do not hesitate to contact the Licensure Processing Unit at (860) 509-7444 if you require clarification or any additional information.

Sincerely,
Licensing & Investigations Section
Department of Public Health

Phone: (860) 509-7444 Fax: (860) 509-7538 VP: (860) 509-7191
410 Capitol Avenue - MS # 12FLIS
P.O. Box 340308 Hartford, CT 06134 www.ct.gov/dph

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING & INVESTIGATIONS SECTION

To: Administrator/Executive Director
Elton Residential
30 W Main St
Waterbury, CT 06702

From: Sandra C. Bauer, LEA

Date: September 1, 2019

Subject: Fire Marshal Certificate for the year **2019**

In accordance with the Regulation of Connecticut State Agencies, a Fire Marshal's Certificate of Inspection **must be submitted to the Department as required**.

Enclosed is a Fire Marshal's Certificate of Inspection that must be completed and returned to this office. A Fire Marshal inspection must be conducted as prescribed in the Connecticut General Statutes Sec. 29-305.

***If for any reason the form cannot be submitted, within the time frame set for the frequency of inspection for your facility type, this office must be notified, **by email, phone or in writing**, of the reason for the delay. Additional forms may be copied if necessary. Each completed Fire Marshal Certificate of Inspection that is submitted must have an original signature of the Fire Marshal or Deputy.

DPH
Connecticut Department of Public Health

Phone: (860) 509-8023 Fax: (860) 509-7535
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410 Capitol Avenue - MS # 12FLIS
P.O. Box 340308 Hartford, CT 06134
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Elton Residential Care Home
The Elton - An Historic Landmark
30 West Main Street
Waterbury, CT 06702
Phn. (203) 756-1229
Fax (203) 596-8222

FAX 8605097535

FAX COVER PAGE

DATE: 12 / 19 / 18

TIME: ____ : ____

TO: Sandra Bauer - DPH

FROM: Matt M. - Elton

RE: Certificate for ELTON
Hard copy of same to follow
- Inspection @ PARK C.M yesterday
Wait grant, Certificate soon to follow

Total Pages, including this page: 2

afaxpage.doc

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING & INVESTIGATIONS SECTION

To: Administrator/Executive Director
Martland Management
30 West Main St
Waterbury, CT 06702

From: Sandra C. Bauer, LEA

Date: September 1, 2018

Subject: Fire Marshal Certificate for the year **2018**
Elton Residential

In accordance with the Regulation of Connecticut State Agencies, a Fire Marshal's Certificate of Inspection **must be submitted to the Department as required**.

Enclosed is a Fire Marshal's Certificate of Inspection that must be completed and returned to this office. A Fire Marshal inspection must be conducted as prescribed in the Connecticut General Statutes Sec. 29-305.

If for any reason the form cannot be submitted, within the time frame set for the frequency of inspection for your facility type, this office must be notified, **in writing**, of the reason for the delay. Additional forms may be copied if necessary. Each completed Fire Marshal Certificate of Inspection that is submitted must have an original signature.

DPH
Connecticut Department of Public Health

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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

FACILITY LICENSING & INVESTIGATIONS SECTION

TO: Matthew Martland, Person-in-Charge
Martland Management
30 West Main St
Waterbury, CT 06702

FROM: Sandra C. Bauer, Licensing Examination Assistant

DATE: January 9, 2018

Enclosed is your license to operate a **RESIDENTIAL CARE HOME**

It must be posted in a conspicuous place as required by the General Statutes of Connecticut, Section 19a-493.

The license is in effect only for the operation of the facility as it is now organized. The Facility Licensing & Investigations Section must be notified **immediately** if you:

1. Change the Person in Charge
2. Change the "doing business as name"
3. Plan any structural changes
4. Plan to move
5. Plan to change the ownership structure or sell the facility
6. Plan to discontinue operation

Any of these changes or proposed changes also requires written notification to this office.

Please contact me if I can be of any assistance.

Enclosure(s)

Phone: (860) 509-8023 Fax: (860) 509-7535
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Elton Residential Care Home
The Elton - An Historic Landmark
30 West Main Street
Waterbury, CT 06702
Phn. (203) 756-1229
Fax (203) 596-8222

FAX COVER PAGE

FAX 860 509 7535
DATE: 1/8/2018

TIME: 12:35p

TO: SANDY BAUER, DPH Licensing

FROM: MAT ELTON, Fire Marshal Cert. Services

RE: Original to follow in mail
Thank you for your patience
Cynthia @ Fire Marshal office sends
her apologies "for dropping the ball"

Confidentiality Note: The documents accompanying this telecopy transmission may contain confidential or privileged information. This information is intended for use by the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this information is prohibited.
Total Pages, including this page: 2

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

FACILITY LICENSING AND INVESTIGATIONS SECTION

11.29.17
To SANDY
FROM MA

To: Person-in-Charge
Martland Management
30 W Main St
Waterbury, CT 06702

Fire Cert to follow as usual waiting on inspection
11.28.17
Best Regards MM
dk # 26093

From: Sandra C. Bauer, LEA

Date: September 1, 2017

Subject: License Renewal Application Materials
Elton Residential

Enclosed please find the application materials required for the renewal of your **Residential Care Home license.**

As per the Senate Bill No. 6802, the new licensing and beds fee for a **triennial license are as follows: **$565.00 flat fee and $4.50 per bed fee**

In accordance with Connecticut General Statutes, Section 19a-491(d), a triennial licensing and inspection fee is charged for the renewal of a facility license.
The licensing and inspection fee for the renewal of your facility license is $997.00.
Acceptable forms of payment include a check, draft or money order made payable to the Treasurer, State of Connecticut.

Note: In order to avoid processing delays, please attach payment directly to your renewal application.

All information requested must be submitted prior to the issuance of your renewed license.

The following reminders are offered:

1. Only **original** forms will be accepted.
2. Type or print using black ink.
3. Complete and sign all applicable items.

Please be aware, that failure to comply with all informational requirements will necessitate returning the forms for correction, thereby delaying the issuance of your license.

DPH
Connecticut Department of Public Health

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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

FACILITY LICENSING AND INVESTIGATIONS SECTION

To: Person-in-Charge
Martland Management
30 W Main St
Waterbury, CT 06702

From: Sandra C. Bauer, LEA

Date: September 1, 2017

Subject: License Renewal Application Materials
Elton Residential

Enclosed please find the application materials required for the renewal of your **Residential Care Home license.**

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DPH
Connecticut Department of Public Health

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Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12FLIS
P.O. Box 340308 Hartford, CT 06134
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The completed application materials must be returned within thirty (30) days prior to the expiration of the facility's license. If for any reason the forms and/or fee cannot be submitted within this time frame, this office must be notified **in writing** of the reason for the delay.