

2019

P102

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

Page 1 of ____

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

FLIS Staff

Spring Meadows Trumbull
6449 Main Street
Trumbull, CT 06611

Michael J. Smith RN, Nurse Consultant

M:

Licensure Category:

Licensed Bed

Census:

Assisted Living

Bassinet Capacity:

Date(s) of onsite inspection: 11/20/19

Date(s) additional information obtained:

Personnel contacted: John Jetty Ex. Director ; Rachel Torres, SALIA

VIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

☐ Visit OR Revisit for the purpose of

☒ See Complaint Investigation # 15938

☒ 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: Michael J. Smith DATE OF REPORT: 11/20/19

☐ Approval for issuance of license granted by: Loan D Nguyen DATE: 12-5-19
Supervisor/Title

