2019

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Spring Meadows Trumbull
6949 Main Street
Trumbull, CT 06611
M:

FLIS Staff

Michael J. Smith RN, Nurse Consultant

Licensure Category:

Assisted Living

Licensed Bed Bassinet Capacity: ___

Census: ___

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

Date(s) additional information obtained: ___

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

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[ ] Licensing Inspection [ ] *Initial* [ ] *Renewal* [ ] *Other (e.g.strikes)*: ___

[ ] Visit **OR** Revisit for the purpose of ___

[X] See Complaint Investigation # #25938

[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 ___

[ ] 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