2017

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*	
Tidelawn Manor	**Kibby M. Phillips, Surveyor**	**Generalist**
97 Seaside Ave.		
Westbrook, CT 06498		
M:		

Licensure Category:
Residential Care Home

Licensed Bed **16** Census: **15**
Bassinet Capacity: ____

Date(s) of onsite inspection: **12/19/2017**

Date(s) additional information obtained: ____

Personnel contacted: ____ **Matthew Katz, Staff Attendant**

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

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

[ ] 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 ____

[ ] Desk Audit ____ [ ] Amended Letter: ____Original Ltr.____

[ ] Citation # ____ was issued to this facility as a result of this inspection.

[X] 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: Kibby M. Phillips Kibby M Phillips **DATE OF REPORT:** **12/20/17**

[✓] Approval for issuance of license granted by: Karen Gwozek RN SNC **DATE:** 12/21/17
Supervisor/Title

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING & INVESTIGATIONS SECTION

To: Administrator/Executive Director
Tidelawn Manor
97 Seaside Ave
Westbrook, CT 06498

From: Sandra C. Bauer, LEA

Date: September 1, 2016

Subject: Fire Marshal Certificate for **2016**

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

Phone: (860) 509-8023 Fax: (860) 509-7535
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12FLIS
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer