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

LICENSING INSPECTION REPORT

Facility DBA and Address

Masonicare at Mystic
DBA
45 Clara Drive
Street Address
Mystic CT 06355
Municipality *ZIP Code*
M: ldubuque@masonicare.org

Signature of FLIS Staff

Megan Edson-Sawyer Nurse Consultant

Survey Team Leader: Megan Edson-Sawyer
Supervisor: Elizabeth Heiney

Licensure Category: ALSA
License Number: _____
Licensed Bed Capacity: ___
Licensed Bassinet Capacity: ___
Census: ___
Date(s) of onsite inspection: 07/26/2023

Date(s) additional information obtained: _____

Personnel contacted: Executive Director Lauren Dubuque and RN Designee Sarah Patterson

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 # 34897 and 34586

☐ 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

REPORT SUBMITTED BY: Megan Edson-Sawyer **DATE OF REPORT:** 7/26/23

☐ Approval for issuance of license granted by: _____ **DATE:** _____

Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: