Section 3

2017

file ✓

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Suffield by the River
7 Canal Road
Suffield CT 06078

Signature of FLIS Staff

Medical Director
Nursing

Licensure Category: Assisted Living Facility

Licensed Bed/Bassinet Capacity: __ Census: ___

Date(s) of onsite inspection: 6/5/17

Date(s) additional information obtained: ___

Personnel contacted: Carol Bills RN, Celina Moffie Ex. Director

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 # ___

[ ] 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: Medical Director **DATE OF REPORT:** 6/30/17

[ ] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 7-19-17
Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT:

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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

Suffield by the River
7 Canal Road
M: Suffield CT 06078

Signature of FLIS Staff

Michael J. Johnson RN Nursing

Licensure Category: Assisted Living Facility Licensed Bed/Bassinet Capacity: __ Census: ___

Date(s) of onsite inspection: 6/5/17

Date(s) additional information obtained: ___

Personnel contacted: Carol Bills RHCA, Celina Moffie Ex. Director

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 ___

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[ ] 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 Johnson **DATE OF REPORT:** 7/12/17

[ ] Approval for issuance of license granted by: Loan Nguyen **DATE:** 7-12-17
Supervisor/Title