2021

9-11-21

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH SYSTEMS REGULATION

DHSR #13a

Page 1 of ____

LICENSING INSPECTION REPORT

Name and Address of Entity	Signature of DHSR Staff	
Covenant Village	Karen Donato RN	Nurse Consultant
52 Missionary Rd.		
Cromwell, CT. 06416		

+ 063

Licensure Category: ALSA Licensed Capacity: _____ Census: _____

Date(s) of Onsite Inspection: 3/16/2021

Date(s) Additional Information Obtained: _____

Personnel Contacted: SALSA –Maryann Trocchio; ED – Maria Cristoforo

REVIEW/FINDINGS/PROCESS (complete all applicable)

[ ] Licensing Inspection: [ ] *Initial* [ ] *Renewal* [ ] *Other:* _____

[X] Revisit for the Purpose of Covid-19

[ ] See Complaint Investigation # _____

[ ] See Reportable Event Investigation # _____

[ ] See Certification file.

[ ] Violations of the Public Health Code of the State of Connecticut and/or Regulations of Connecticut State Agencies were identified at the time of this inspection.
See violation letter dated _____

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

[X] Violations of the Public Health Code of the State of Connecticut and/or Regulations of Connecticut State Agencies were not identified at the time of this inspection.

[ ] Citation # _____ was verified as corrected. _____ Was notified that the licensee was no longer required to post Citation (see narrative).

[ ] Citation # _____ was not corrected (see narrative).

[ ] Narrative Report / Additional Information Attached.

[ ] Referral(s) to: _____

REPORT SUBMITTED BY **Karen Donato** **DATE OF REPORT** 3/16/2021

[X] Approval for Issuance of License granted by : **Karen Donato, Interim SNC** **3/16/21**
Supervisor / Title **Date**

DHSR #13d

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

LICENSING INSPECTION REPORT

Facility DBA and Address

Covenent Village
DBA
52 Missioinary Road
Street Address
Cromwell CT 06416
Municipality *ZIP Code*
M: DRSStegbauer@CovLiving.org

Signature of FLIS Staff

Laura Boggio — Nurse Comnsultant

Survey Team Leader: ____
Supervisor: Cheryl Davis

Licensure Category: ALSA
License Number: ____
Licensed Bed Capacity: ____
Licensed Bassinet Capacity: ____
Census: 49

Date(s) of onsite inspection: 11/1/21

Date(s) additional information obtained: 11/5/21

Personnel contacted: Dan Stegbaur ED, Linda Agosto SALSA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

- [x] Licensing Inspection ☐ *Initial* ☑ *Renewal* ☐ *Other (e.g.strikes)*: ____
- [ ] Visit **OR** Revisit for the purpose of ____
- [ ] See Complaint Investigation # ____
- [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 11/15/21
- [ ] 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: Laura Boggio RN **DATE OF REPORT:** 11/4/21

☑ Approval for issuance of license granted by: _____ **DATE:** 11/5/21

Supervisor/Title