

2018

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

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LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Signature of FLIS Staff

Elm Park Baptist Home Inc
140 Cook Hill Rd
Cheshire CT 06410

M: _____

Licensure Category:

Licensed Bed

Bassinet Capacity: _____

Census: _____

Assisted Living

Date(s) of onsite inspection: 4-17-18

Date(s) additional information obtained: _____

Personnel contacted: Nancy PAPA SAKA

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: Robert Barrera DATE OF REPORT: 4-17-18

☒ Approval for issuance of license granted by: Joan D. Nguyen DATE: 4-26-18
Supervisor/Title

