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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
University Place
5 University Place
New Haven, CT 06511

Signature of FLIS Staff
Glenna Fried, LCSW
Ray Kasidas/BFSI

Licensure Category:
Residential Care Home — Licensed Bed Capacity: 11 — Census: 11

Date(s) of onsite inspection: 4/10/24 and 6/24/24

Date(s) additional information obtained: ______

Personnel contacted: Michele Roberts, Person-in-Charge
Email Address: ______

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

[ ] Visit **OR** Revisit for the purpose of reviewing the Plan of Correction for the violation letter dated

[X] See Complaint Investigation #30805

[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 ______

[ ] 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: Glenna Fried, LCSW **DATE OF REPORT:** 6/24/24

[X] Approval for issuance of license granted by: Karen Gworek, RN **DATE:** 6/24/24
Supervisor/Title