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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
Groton Regency Center
1145 Poquonnock Road
Groton, CT 06340

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

Licensure Category:
Residential Care Home

Licensed Bed/Bassinet Capacity: 81

Census: 66

Date(s) of onsite inspection: 3/20/24

Date(s) additional information obtained: _____

Personnel contacted: Roxanne Fretard, 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

[ ] 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 4/11/24

[ ] 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:** 3/25/24

[ ] Approval for issuance of license granted by: Karen Gworek, RN **DATE:** 3/20/24
Supervisor/Title