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

LICENSING INSPECTION REPORT

Facility DBA and Address

Whitney Center-Meadow Mills
DBA
200 Leeder Hill Drive
Street Address
Hamden CT 06517
Municipality *ZIP Code*
M: murrayn@whitneycenter.com

Signature of FLIS Staff

Megan Edson-Sawyer — Nurse Consultant

Survey Team Leader: Megan Edson-Sawyer
Supervisor: Elizabeth Heiney

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

Date(s) of onsite inspection: 1.22.2024

Date(s) additional information obtained: _____

Personnel contacted: Executive Director; Nicholas Aceto and SALSA Nathalie Murray

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

- [ ] Licensing Inspection ☐ *Initial* ☐ *Renewal* ☐ *Other (e.g.strikes)*: _____
- [ ] Visit **OR** Revisit for the purpose of _____
- [x] See Complaint Investigation # 37209
- [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 3/3/24
- [ ] 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 _____

- ☐ 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: Megan Edson-Sawyer **DATE OF REPORT:** 1/22/24

☐ Approval for issuance of license granted by: Elizabeth Henry **DATE:** 3/3/24

Supervisor/Title SNC