

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

Harbor Side Care Home, Inc

Anthony Bruno, BFSI

14 Godfrey Street

Glenna Fried, LCSW

Mystic, CT 06355

Licensure Category:

Residential Care Home

Licensed Bed Capacity: 25

Census: _____

Date(s) of onsite inspection: 7/16/24 and 7/25/24

Date(s) additional information obtained: _____

Personnel contacted: Derrick Gibbs, Owner

Email Address: _____

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: Glenna Fried, LCSW

DATE OF REPORT: 7/25/24

☒ Approval for issuance of license granted by: Karen Gworek, RN **DATE:** 7/25/24
Supervisor/Title

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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LICENSING INSPECTION NARRATIVE REPORT: