**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***

Karen Donato — Nurse Consultant

*Survey Team Leader:* Karen Donato
*Supervisor:* Elizabeth Heiney

**Licensure Category:** ALSA
**License Number:** OALOO1
**Licensed Bed Capacity:** ___
**Licensed Bassinet Capacity:** ___
**Census:** ___
**Date(s) of onsite inspection:** 9/09/24

**Date(s) additional information obtained:** ___

**Personnel contacted:** Executive Director:Nicholas Aceto; 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 ___

☑ See Complaint Investigation # 40817

☑ 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 9/11/24

☐ 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 ___

☐ 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:** Karen Donato **DATE OF REPORT:** 9/9/24

☐ Approval for issuance of license granted by: Elizabeth Tilney SAC **DATE:** 9/11/24

Supervisor/Title

**STATE OF CONNECTICUT**
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# 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***

| | |
|---|---|
| Karen Donato | Nurse Consultant |
| | |
| | |
| | |

*Survey Team Leader:* Karen Donato
*Supervisor:* Elizabeth Heiney

**Licensure Category:** ALSA
**License Number:** OAL001
**Licensed Bed Capacity:** ___
**Licensed Bassinet Capacity:** ___
**Census:** ___

**Date(s) of onsite inspection:** 9/09/24

**Date(s) additional information obtained:** _____

**Personnel contacted:** Executive Director:Nicholas Aceto; 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 _____

☑ See Complaint Investigation # 40227

☑ 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 9/16/24

☐ 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:** Karen Donato **DATE OF REPORT:** 9/9/24

☐ Approval for issuance of license granted by: Elizabeth Tetreault, SWC **DATE:** 9/16/24

Supervisor/Title