Section 3

# 2022

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



# LICENSING INSPECTION REPORT

***Facility DBA and Address***

Evergreen Woods
*DBA*
88 Notch Hill Road
*Street Address*
Branford CT 06471 187
*Municipality* *ZIP Code*
**M:** TPerregaux@Evergreen-Woods.com

***Signature of FLIS Staff***

Laura Boggio, Nurse Consultant

***Survey Team Leader:*** _____
***Supervisor:*** _____

**Licensure Category:** ALSA
**License Number:** _____
**Licensed Bed Capacity:** ___
**Licensed Bassinet Capacity:** ___
**Census:** 90

**Date(s) of onsite inspection:** 8/31/2022

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

**Personnel contacted:** Tom Perregaux ED, Chritiane Gellatly SALSA

**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 _____

- ☐ 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:** Laura Boggio **DATE OF REPORT:** 8/31/22

☐ Approval for issuance of license granted by: _____ **DATE:** _____

Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT:

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



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**STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT**

**REPORT SUBMITTED BY:** Laura Boggio **DATE OF REPORT:** 8/31/22

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Supervisor/Title

**STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT**



LICENSING INSPECTION NARRATIVE REPORT: