

LICENSING INSPECTION REPORT

Name and Address of Entity	Signature of DHSR Staff
<u>Planned Parenthood of</u>	<u>Marsha Mehmel</u>
<u>Southern New England, Manchester</u>	<u>Tony M. Bruno</u>
<u>319 Main St, Manchester</u>	
<u>CT 06040</u>	

Licensure Category : Family planning clinic Licensed Capacity : _____ Census : _____
Licensed Capacity : _____ Census : _____

Date(s) of Onsite Inspection : 10-9-13

Date(s) Additional Information Obtained: _____

Personnel Contacted : Mary Bawza, COO

REVIEW/FINDINGS/PROCESS (complete all applicable)

- Licensing Inspection: Initial Renewal Other: _____
- Revisit for the Purpose of change of address / location
- See Complaint Investigation # _____
- See Reportable Event Investigation # _____
- See Certification file.
- Violations of the Public Health Code of the State of Connecticut and/or Regulations of Connecticut State Agencies were identified at the time of this inspection.
See violation letter dated _____
- Citation # _____ was issued to this facility as a result of this inspection.
- Violations of the Public Health Code of the State of Connecticut and/or Regulations of Connecticut State Agencies were not identified at the time of this inspection.
- Citation # _____ was verified as corrected. _____ was notified that the licensee was no longer required to post Citation (see narrative).
- Citation # _____ was not corrected (see narrative).
- Narrative Report / Additional Information Attached.
- Referral(s) to: _____

REPORT SUBMITTED BY Marsha Mehmel / UN DATE OF REPORT 10-9-13

Approval for Issuance of License granted by : Loan Drouyen 2-11-14
Supervisor / Title Date