

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

Page 1 of \_\_\_

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity Harriet Parvathani SPC Signature of FLIS Staff J. Deunissen  
100 Grand St New Britain

M: Menden Health Center  
26 Women's Way Menden Ct 06457

Licensure Category: FP Clinic Licensed Capacity: 138 Census: \_\_\_\_\_  
Licensed Capacity: \_\_\_\_\_ Census: \_\_\_\_\_

Date(s) of onsite inspection: 3/9/17

Date(s) additional information obtained: 3/17/17, 3/28/17

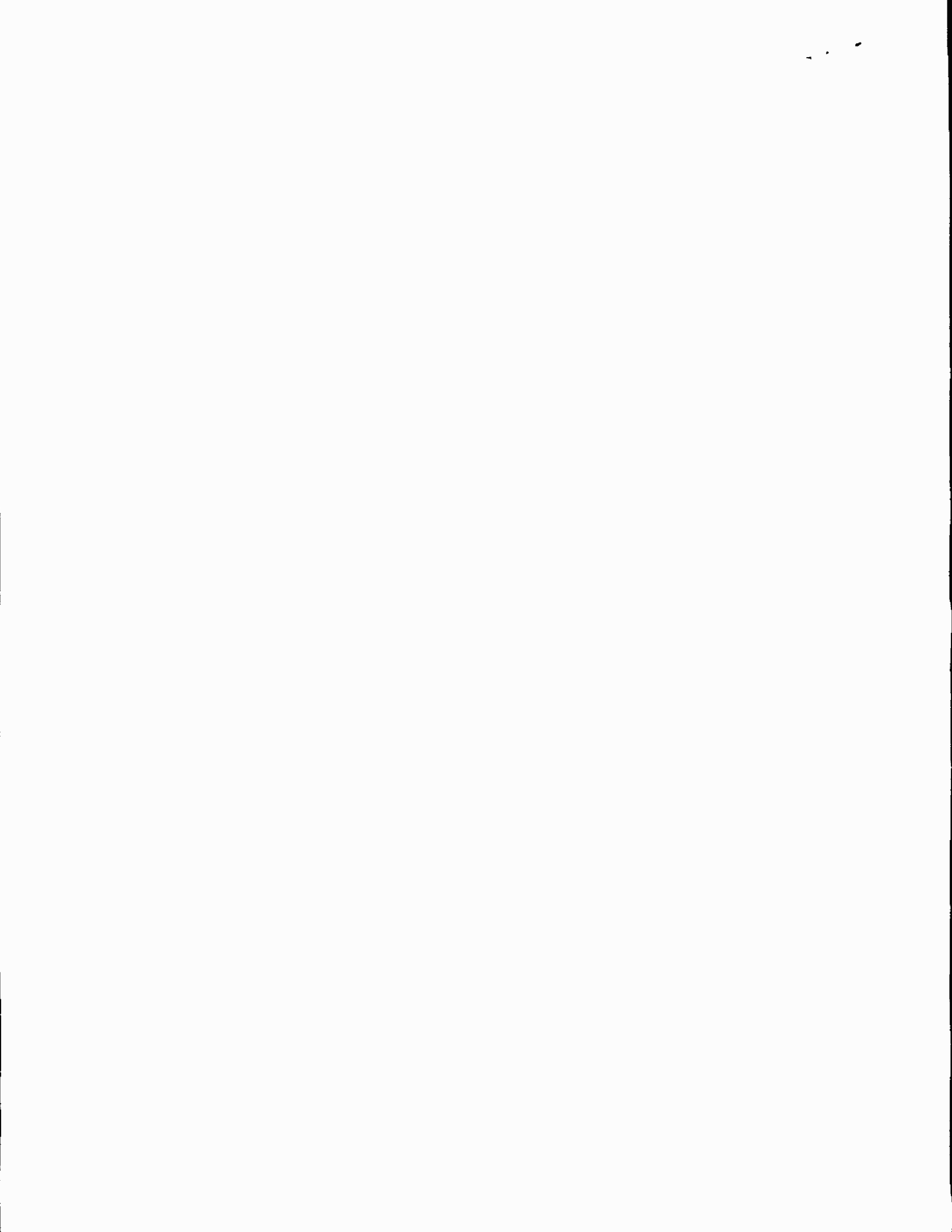
Personnel contacted: Sally Hillman Dr MS, Sarah Gandy PRN

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

- Licensing Inspection [ ] Initial [  ] Renewal [ ] Other: \_\_\_\_\_
- [ ] Desk Audit \_\_\_\_\_ [ ] Amended Letter: \_\_\_\_\_ Original Ltr. \_\_\_\_\_
- [ ] Revisit for the purpose of \_\_\_\_\_
- [ ] See Complaint Investigation # \_\_\_\_\_
- [ ] See Reportable Event Investigation # \_\_\_\_\_
- [ ] See Certification File.
- [ ] 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 \_\_\_\_\_
- [ ] 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.
- [ ] Referral(s) to \_\_\_\_\_

REPORT SUBMITTED BY: Deunissen DATE OF REPORT: 3/31/17

[ ] Approval for issuance of license granted by: Leann D. Nguyen DATE: 3-31-17  
Supervisor/Title



• This Agency is authorized to provide the following services:  
 Nsg;  PT;  OT;  ST;  SS;  H-HHA;  IV Therapy;  
 Other: \_\_\_\_\_

• Patient Services Offices (if applicable):

1. _____ _____ _____	2. _____ _____ _____	3. _____ _____ _____
4. _____ _____ _____	5. _____ _____ _____	6. _____ _____ _____
7. _____ _____ _____	8. _____ _____ _____	9. _____ _____ _____

• Number of Home Visits: 0 Number of Records Received: 4

*Office Manager NA 3/9/17 2:43 PM* ○

