

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

FLIS Staff

Planned Parenthood of Southern New England - Danbury
44 Main ST
Danbury, CT 06810
M: Nolan Barrenechea Nurse Counselor

Licensure Category:

Licensed Bed

Census:

Bassinet Capacity:

Planned Parenthood

Date(s) of onsite inspection: 5/23/18

Date(s) additional information obtained: _____

Personnel contacted: Jennifer Tomasi, Center Director

VIEW/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: Nolan Barrenechea DATE OF REPORT: 5-23-18

☒ Approval for issuance of license granted by: Conn D. Nguyen DATE: 6-18-18
Supervisor/Title

FACILITY: PP of So. NE Danbury

DATE(S) of VISIT: 5/23/18 Page 2 of 2

OUTPATIENT CLINICS OPERATED BY CORPORATIONS/MUNICIPALITIES
LICENSING INSPECTION NARRATIVE REPORT
(P.H.C. Section 19-13-D45)

- I. An unannounced visit was made to the above facility, by a representative of the Division of Health Systems Regulation, for the purpose of conducting a licensing inspection.
- II. An entrance conference was held.
- III. The following was conducted:
 - a. Facility inspection
 - b. Observation of patient care
 - c. Personnel files review
 - d. Quality assurance program (audits) review
 - e. Fire drill log/disaster plan review
 - f. New or revised agency policies and procedures review
 - g. Clinical record review
 - h. In-service training/staff meeting documentation
 - i. CLIA certificate/waiver
- IV. An exit conference was provided.
- V. Violations of the Public Health Code of the State of Connecticut ~~were~~/were not identified as a result of this inspection.

SIGNATURE: Noben Lareen