

ADMINISTRATIVE
SUPERVISION TYPE OR
ORGANIZATION PRINT IN INK

STATE OF CONNECTICUT
DEPT OF PUBLIC HEALTH
FACILITY LICENSING & INVESTIGATIONS SECTION
410 CAPITAL AVENUE
HARTFORD, CT 06134-0308
HOME HEALTH CARE AGENCY

Agency Name

Address (no. & Street)

(City & Town)

(State)

(Zip)

Administrator (Per Section 19-13-D68 (d))

Supervisor of H-HHA Program Section 19-13-69 (d) (4) (c)

Administrator Supervisor (Per Section 19-13-D68 (e) (4))

RN w/other responsibilities (Section 19-13-D69 (d) (4) (c) HHA PROGRAM

Supervisor of Clinical Services (Per Section 19-13-D68 (e))

Physical Therapy Supervisor (Section 19-13-D67 (c))

Occupational Therapy Supervisor (Section 19-13-D67 (d))

Speech Therapy Supervisor (Section 19-13-D67 (e))

Medical Social Worker Supervisor (Section 19-13-D67 (f))

Person designated to act in the absence of Administrator per Section 19-13D68 (d):

Name

Title

Person designated to act in the absence of Supervisor of Clinical Services per Section 19-13D68(e)(5)

Name

Title

OTHER PATIENT CARE SERVICE OFFICERS

Address

Address

Name of SCS

Name of SCS

RN to Act in Absence

RN to Act in Absence

H-HHA Supervisor

H-HHA Supervisor

Address

Address

Name of SCS

Name of SCS

RN to Act in Absence

RN to Act in Absence

H-HHA Supervisor

H-HHA Supervisor

DO NOT MAKE ENTRIES BELOW THIS LINE-FOR HOME HEALTH SECTION USE ONLY

**INSPECTOR'S
VERIFICATION**

Signature
X

Title

Date