

CHESHIRE HOUSE HEALTH CARE FACILITY & REHAB CENTER

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§ 1 Facility Identity

Facility	CHESHIRE HOUSE HEALTH CARE FACILITY & REHAB CENTER
CCN	075373
Location	3396 E MAIN STREET, WATERBURY, CT, 06705
Ownership type	For profit - Limited Liability company
Certified beds	75

§ 2 CMS Federal Record

Civil money penalties on file	\$0
Deficiency citations — current cycle	17 (89% vs prior 24 months (9))
Deficiency citations — prior 24 months	9
Immediate Jeopardy — current cycle	0
Actual-harm (G+) citations — current cycle	0
Special Focus Facility status	Not listed
Abuse icon	No

§ 3 Federal Penalties in Context

This facility — penalties on file	\$0
CT state average	\$18,685 (this facility is 0.0× the CT average)
National average	\$31,239 (this facility is 0.0× the national average)

Averages are CMS-published per-facility fine amounts for the same snapshot. Figures and multiples are stated as published; no inference is drawn here.

§ 4 Current-Cycle Deficiencies

The current survey cycle records the following 17 federal deficiency citations (CMS F-tags). Scope/severity is CMS's own A–L grade; "Immediate Jeopardy" is CMS's most serious classification.

F-TAG	FINDING (CMS)	SCOPE/SEV.	SOURCE
F695	Provide safe and appropriate respiratory care for a resident when needed.	E	Standard survey
F756	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.	E	Standard survey
F758	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.	E	Standard survey
F689	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.	E	Complaint
F756	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.	D	Complaint
F609	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.	D	Complaint
F552	Ensure that residents are fully informed and understand their health status, care and treatments.	D	Standard survey
F580	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.	D	Standard survey
F609	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.	D	Standard survey
F610	Respond appropriately to all alleged violations.	D	Standard survey
F656	Develop and implement a complete care plan that meets all the resident's needs, with timetables and	D	Standard survey

actions that can be measured.

F684	Provide appropriate treatment and care according to orders, resident's preferences and goals.	D	Standard survey
F686	Provide appropriate pressure ulcer care and prevent new ulcers from developing.	D	Standard survey
F880	Provide and implement an infection prevention and control program.	D	Standard survey
F584	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.	B	Standard survey
F658	Ensure services provided by the nursing facility meet professional standards of quality.	B	Standard survey
F730	Observe each nurse aide's job performance and give regular training.	B	Standard survey

§ 5 Ownership & Chain Context

Ownership record	Chain: RYDERS HEALTH MANAGEMENT (8 facilities); Owner on file: SBRIGLIO, MARTIN (individual)
Ownership chain	RYDERS HEALTH MANAGEMENT (8 facilities)
Penalties vs chain average	\$0 vs \$11,299 (0.0× the chain average)
Current deficiencies vs chain average	17 vs 18.9 (0.9× the chain average)

§ 6 CMS Care Compare Star Ratings

Overall	2 / 5 (state avg 3 · US avg 3)
Health inspection	2 / 5 (state avg 2.7 · US avg 2.8)
Staffing	4 / 5 (state avg 3.3 · US avg 2.9)
Quality measures (QM)	2 / 5 (state avg 3.7 · US avg 3.7)

§ 7 Record Provenance

CMS data as of	Jun 2026
Independent verification	https://www.medicare.gov/care-compare/details/nursing-home/075373
Snapshot SHA-256	96c092cb36bd570b9653b06b837724f822a0042c34504f1a019bf38584164f88
Methodology & version	v1.0 — https://www.caregiverhelpnow.com/methodology

§ 8 For Your Attorney

1. The full survey file (Form 2567) for each inspection cited above is available from the state survey agency or by FOIA request.
 2. Quarterly staffing data: CMS Payroll-Based Journal (PBJ) public use files, CCN 075373.
 3. Cite this snapshot as “CMS Care Compare, as of Jun 2026” — integrity hash 96c092cb36bd.
 4. Deficiency F-tags cited above are searchable in CMS QCOR (qcor.cms.gov).
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This snapshot is a frozen record of CMS Care Compare data as of Jun 2026. Independently verifiable at the URL above. Generated by CareSentinel under Nodal Logics LLC. Compiled under CareSentinel methodology v1.0, documented at <https://www.caregiverhelpnow.com/methodology>; the Snapshot SHA-256 above pins this record to that methodology version.

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