

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

FLIS Staff

Brightview Shelton
30 Beard Swamp Rd
Shelton, CT 06484
M: _____

Michael J. Spillane

Nurse Consultant

Licensure Category:

Licensed Bed

Census:

Bassinet Capacity:

161

Initial Visit

26 Dementia

Date(s) of onsite inspection: 5/21/19

Date(s) additional information obtained: _____

Personnel contacted: _____

REVIEW/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: Michael J. Spillane DATE OF REPORT: 5/21/19

☒ Approval for issuance of license granted by: Loan D Nguyen DATE: 5-22-19
Supervisor Title

DATE(S) OF VISIT: 5/21/19

LICENSING INSPECTION NARRATIVE REPORT

Number of home visits: 0 Number of records reviewed: 0

SALSA Designee: Michael Secor

Name: Constance Henssere

Phone:

Phone: _____

Name: _____

Address:

Phone: _____

Service Coordinator: Terry Jackson Ex Director

Policy review was done relative to record reviews and/or violations cited as appropriate.

SIGNATURE: M. S. R.

