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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity	*FLIS Staff*	
Maplewood Orange		
245 Indian River Road	Michael J Smith RN	Nurse Consultant
Orange CT 06477	Jamie Baggett	Nurse Consultant
M: jclements@maplewood1.com		

Licensure Category:

	Licensed Bed Bassinet Capacity:	Census:
Assisted Living Agency		102
		51 memory care

Date(s) of onsite inspection: 8/26/21

Date(s) additional information obtained: _____

Personnel contacted: Jessica Clements RN, SNCM ; Liz Castilline-Gannon, Ex. Dir.

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[X] Licensing Inspection [ ] *Initial* [X] *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.

[X] 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. Smith RN **DATE OF REPORT:** 8/26/21

[ ] Approval for issuance of license granted by: _____ **DATE:** _____
Supervisor/Title