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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Apple Rehab Shelton Lakes
M: 5 Lake Road
Shelton CT 06484

FLIS Staff

Kibby Phillips generalist

Licensure Category:

RCH

Licensed Bed Bassinet Capacity: 3

Census: 1

Date(s) of onsite inspection: 11/20/19

Date(s) additional information obtained: ___

Personnel contacted: Michael Latino Person-in-Charge

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 1/7/20

[ ] 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: Kibby Phillips (KEG) **DATE OF REPORT:** 11/21/19

[✓] Approval for issuance of license granted by: Karen Moore KRN SNC **DATE:** 11/21/19
Supervisor/Title