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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity Scofield Manor
614 Schofield Town Rd
M: Stamford, CT 06903

Signature of FLIS Staff Linda M. Gagnon

Licensure Category: RCH

Licensed Bed/Bassinet Capacity: 50 Census: 45

Date(s) of onsite inspection: 3-14-19

Date(s) additional information obtained: _____

Personnel contacted: Rebecca Whitely, RN and Laverne Jarett, Admin.

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[ ] Licensing Inspection [ ] *Initial* [ ] *Renewal* [ ] *Other (e.g.strikes)*: _____

[ ] Visit **OR** Revisit for the purpose of _____

[X] See Complaint Investigation # #24003, #25026

[X] 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 7/30/19

[ ] 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: Linda M. Gagnon **DATE OF REPORT:** 4-3-19

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