Section 3

2019

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Stafford By The River
7 Canal Rd
Stafford CT 06076
M: Same
Ph 860-648-6672 Fax 860-648-0548

FLIS Staff

Melissa J. Sia Soucie RN Nurse Consultant

Licensure Category:

Assisted Living

Licensed Bed
Bassinet Capacity: ___

Census: ___

Date(s) of onsite inspection: 01/22/19, 02/05/19

Date(s) additional information obtained: 01/28/19, 02/06/19, 02/07/19

Personnel contacted: Caeyl Bills, RN RSA SALSA; Karen Isabelle, Asst ED
Celia Moffie, ED

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 # ___

[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 ___

[ ] 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: Melissa J. Sia Soucie **DATE OF REPORT:** 02/08/19

[X] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 2-11-19
Supervisor/Title

Scanned