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 Scofield Rd.
Stamford, CT 06903

M:

Signature of FLIS Staff
Aneta Predka

COPY

Licensure Category:
RCH

Licensed Bed/Bassinet Capacity: 50

Census: 41

Date(s) of onsite inspection: 12/11/23

Date(s) additional information obtained: _____

Personnel contacted: Rebecca Whitely Nurse Manager, Lavern Edwards Person-in-Charge

Email Address: LEdwards@charteroakcommunities.org

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: Aneta Predka **DATE OF REPORT:** 12/12/23

[ ] Approval for issuance of license granted by: Karen Gworek, RN, SNC **DATE:** 12/11/23

LICENSING INSPECTION NARRATIVE REPORT: