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

LICENSING INSPECTION REPORT

Facility DBA and Address

Maplewood at Newtown

166 Mt. Pleasant Rd. Newtown, Ct 06470

M: newtowned@maplewoodsl.com

Signature of FLIS Staff

Megan Edson-Sawyer Nurse Consultant

Survey Team Leader: Megan Edson-Sawyer
Supervisor: Elizabeth Heiney

Licensure Category: ALSA
License Number: 0153

Licensed Bed Capacity: ____
Licensed Bassinet Capacity: ____
Census: ____

Date(s) of onsite inspection: 04/12/2024

Date(s) additional information obtained: ____

Personnel contacted: Executive Director Dave Primini and Vice President of Clinical Services Constantin Popescu

Email Address: newtowned@maplewoodsl.com

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

- [x] Licensing Inspection ☐ *Initial* ☑ *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: ____ DATE OF REPORT: ____

- [x] Approval for issuance of license granted by: Megan Edson-Sawyer DATE: 04/12/2024

Elizabeth T Heiney SWC 4/22/24