

2021



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

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LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity  
Deer Village Lodge  
77 South Canaan Rd.  
Canaan, CT 06018  
M: sschoonmaker@geercare.org

Signature of FLIS Staff  
Karen Donato  
Megan Edson - Supervisor  
Nurse Consultant  
Nurse Consultant

Licensure Category: 0093

ALSA Licensed Bed \_\_\_\_\_ Census: \_\_\_\_\_  
Bassinet Capacity: \_\_\_\_\_

Date(s) of onsite inspection: 10/07/21

Date(s) additional information obtained: \_\_\_\_\_

Personnel contacted: Ed - Sherry Schoonmaker, ALSA - Melanie Jamison

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 \_\_\_\_\_

☐ 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: Karen Donato DATE OF REPORT: 10/07/21

☒ Approval for issuance of license granted by: Cheryl Davis DATE: 10/7/21  
Supervisor/Title



ENTITY: Geer Woods - Geer Lodge nr

DATE(S) OF VISIT: 10/07/2021

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 45

Number of home visits: 3 Number of records reviewed: 4

SALSA: Melanie Samraeson

SALSA Designee: Robin Menecharico

Home health care contracts/contracts:

Name: UNA of Litchfield

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Managed Residential Community visited:

Service Coordinator: Sherry Schramm

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policy review was done relative to record reviews and/or violations cited as appropriate.

SIGNATURE: Karen D. O'Connell

