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

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
Maplewood at Danbury
22 Hospital Avenue, Danbury, CT
06810
203-744-8444 0114

danburyed@maplewoodsl.com

Signature of FLIS Staff
Nurse Consultant
Michael J. Smith, RN

Licensure Category: ALSA Census: 59 Capacity: 19 AL

Memory Care/Traditional 31 memory ☐

Date(s) of onsite inspection: 4/26/24

Date(s) additional information obtained: _____

Personnel contacted: Diana Lopes, Executive Director
danburyed@maplewoodsl.com

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)
[xx] Licensing Inspection [] *Initial* [xx] *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.

[xx] 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.

[xx] Narrative report/additional information attached.

[ ] See Certification File.

[ ] Referral(s) to _____

[xx] Verification of Alzheimer's special care units or programs or [ ] Not applicable