

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

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ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Signature of FLIS Staff

Maplewood Stony Hill Bethel

Maureen Sanzone

Nurse Consultant

46 Stony Hill Rd

Bethel, Ct 06801

Stoneyed,@maplewoodssl.com

Licensure Category: ALSA

Census: **75** Capacity:

84

Memory Care/Traditional

75 memory

Date(s) of onsite inspection: 10-23-25

Date(s) additional information obtained: _____

Personnel contacted: Executive Director Lauren Stowell SALSA Shelby Kurijiaka

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: Ct-#45429

☐ 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 _____

☒ Verification of Alzheimer's special care units or programs or ☐ Not applicable

☒ Full Time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

REPORT SUBMITTED BY: Maureen Sanzone Rn, NC DATE OF REPORT: 10-23-25

☒ Approval for issuance of: Judy Burmeister, SNC 10/23/25
s:flisshr/FACESHEETS license granted by
Revised 11/2021