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

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity	*Signature of FLIS Staff*	
Maplewood at Newtown	**Megan Edson-Sawyer**	**Mellissa Cope**
166 Mt. Pleasant Rd Newtown Ct	**Maureen Sanzone**	

Licensure Category: ALSA Census:[ ] Capacity: [ ]
Memory Care/Traditional [ ]

Date(s) of onsite inspection: 10/20/2025

Date(s) additional information obtained: _____

Personnel contacted: Executive Director David Primini (newtowned@maplewoodsl.com)

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[x] Licensing Inspection [] *Initial* [x] *Renewal* [ ] *Other (e.g.strikes)*: _____

[] Visit **OR** Revisit for the purpose of

[x] See Complaint Investigation CT#45241

[] 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.

[x] 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 _____

[x] Verification of Alzheimer's special care units or programs or [ ] Not applicable
[x] Full Time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

REPORT SUBMITTED BY: Megan Edson-Sawyer DATE OF REPORT: 10/20/2025

[X] Approval for issuance of license granted by Elizabeth T Gilmore SW C Supervisor/Title **DATE:** 10/26/25

LICENSING INSPECTION NARRATIVE REPORT: