

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

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LICENSING INSPECTION REPORT

**Facility DBA and Address**

The Residence at Selleck's Woods

1 Parkland Drive Darien CT 06820

**M:** layala@residenceselleckswoods.com

**Licensure Category:** ALSA

**License Number:** 210

**Date(s) of onsite inspection:** 08/26/2024

**Signature of FLIS Staff**

Megan Edson-Sawyer

Nurse Consultant

**Survey Team Leader:** Megan Edson-Sawyer

**Supervisor:**

Elizabeth Heiney

**Licensed Bed Capacity:** \_\_\_\_\_

**Licensed Bassinet Capacity:** \_\_\_\_\_

**Census:** \_\_\_\_\_

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

**Personnel contacted:** Executive Director Lidia Ayala and SALSA Sheryl

**Email Address:** layala@residenceselleckswoods.com

**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 # 40512

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 9/10/24

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: Megan Edson-Sawyer DATE OF REPORT: 8/26/24

Approval for issuance of license granted by: Megan Edson-Sawyer DATE: 08/26/2024

Citizen Health Dept 9/10/24

**STRIKE MONITORING SUPPLEMENT TO  
LICENSING INSPECTION REPORT**

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LICENSING INSPECTION NARRATIVE REPORT: