

2019

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

Villa at Stamford
88 Rockrimmon Rd.
Stamford, CT 06903
M:

Marie Mattox FLIS Staff

Holly McPhee RN

Maria Mihaline
Richard Howrence

Licensure Category:

CCN 14

Licensed Bed

Bassinet Capacity:

128

Census:

123

Date(s) of onsite inspection: 8/11, 8/12 & 8/13 | 2019

Date(s) additional information obtained: 8/11/19

Personnel contacted: Peter Shumstead - Lynn Lyon - Laurie Knowles ADMS

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 # 25727, #24039.

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: Marie Mattox DATE OF REPORT: 8/19/19

Approval for issuance of license granted by: _____ DATE: _____

Supervisor/Title

