

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

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LICENSING INSPECTION REPORT

Facility DBA and Address

Signature of FLIS Staff

Whispering Pines

Stephanie Schumann

38 Talmadge Avenue East Haven, CT 06512

Survey Team Leader:

Supervisor:

Laura Trombley-Norton

M:

Licensure Category: CCNH

Licensed Bed Capacity: 90

Census: 84

License Number: _____

Licensed Bassinet Capacity: _____

Date(s) of onsite inspection: Desk Audit on 7/18/24

Date(s) additional information obtained: _____

Personnel contacted: Savonna Ormond DNS

Email Address: _____

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 # _____

☐ 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 7/18/24 ☐ Amended Letter: _____ Original Ltr. 6/6/24

☐ 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: Stephanie Schumann DATE OF REPORT: 7/18/24

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

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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LICENSING INSPECTION NARRATIVE REPORT:

A desk audit was completed on 7/18/24 for the purpose of reviewing the implementation of the Plan of Correction for the Violation letter dated: 6/6/24

Violations #1-11 was identified as corrected as of 7/2/24.

On 7/18/24 at 10:50 AM the DNS was notified by telephone that all violations were corrected.