

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

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LICENSING INSPECTION REPORT

<u>d/b/a Name and Address of Entity</u> <u>SHADY HOLLOW CENTER FOR HEALTH AND REHAB</u> <u>41 SHOKONAT STREET</u> <u>SEPMOUE, CT 06483</u>	<u>Signature of ELIS Staff</u> <u>Emily Polanco and Jennifer Thompson</u> <u>Thomas Ryan Blissett</u> <u>Chapman Apple</u>
<u>M:</u>	

Licensure Category: CCNH

Licensed Bed/Bassinet Capacity: 128 Census: 119

Date(s) of onsite inspection: _____

Date(s) additional information obtained: _____

Personnel contacted: _____

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 # 44619

☐ 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 _____

- ☐ CMP fund verification
- ☐ CRF grant verification
- ☐ Shift Coach
- ☐ Full Time Infection Prevention and Control Specialist

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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REPORT SUBMITTED BY: Quincy Brown, RN **DATE OF REPORT:** 7/1/2025

☐ Approval for issuance of license granted by: _____ **DATE:** _____
Supervisor/Title

**STRIKE MONITORING SUPPLEMENT TO
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LICENSING INSPECTION NARRATIVE REPORT: