

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

Page 1 of 3

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

SHADY KNOLL CENTER For Health and REHAB
41 SHADYKNOLL STREET
SEMPRE, CT 06483

Signature of ELIS Staff

Erlyn Polanco RN

Thelma Rose BSN

Andy J.

Jennifer Dhoen RN

Stephanie O'Reilly
Nursing

M:

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**

Page 2 of 3

REPORT SUBMITTED BY: Janice Hoon, 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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Page 3 of 3

LICENSING INSPECTION NARRATIVE REPORT: