

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

LICENSING INSPECTION REPORT

*Name and Address of Entity*

*Signature of FLIS Staff*

**Shady Knoll**

41 Skokorat Street  
Seymour, CT 06483

**Maureen Sanzone NC**

**M:**

**Licensure Category:**

CCNH

Licensed Bed/Bassinet  
Capacity:128

Census: 107

**Date(s) of onsite inspection: desk audit**  
**10/16/24**

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

**Personnel contacted: Director Of Nursing Diane Azeez/Administrator Elza Augustin**

**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 10/16/24 \_\_\_\_\_       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.

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

Name and address of facility

Signature of FALS Staff

Facility Name	Investigation #
Address	City/State/Zip
Phone	County
Licensee Name	Licensee Address
Licensee Phone	Licensee City/State/Zip

Date(s) of onsite inspection: desk audit  
 10/15/04

Date(s) additional information obtained:

Person contacted: Director Of Nursing Diane Zvezda/Administrator Rhea Augustin

REVIEW FINDINGS/PROCESS (Complete all applicable categories)

- Violation of the General Statutes of Connecticut under regulations of Connecticut in this finding was identified at the time of this inspection. See attached violation letter dated \_\_\_\_\_.
- Desk Audit 10/15/04.  Onsite audit: \_\_\_\_\_.
- Violation of the General Statutes of Connecticut under the regulations of Connecticut state Agencies was identified at the time of this inspection. See attached violation letter dated \_\_\_\_\_.
- Violation of the General Statutes of Connecticut under the regulations of Connecticut state Agencies was not identified at the time of this inspection.
- Citation # \_\_\_\_\_ was not verified as correct. See attached narrative report.
- No additional information attached.
- Other Comments: \_\_\_\_\_.

**STRIKE MONITORING SUPPLEMENT TO  
LICENSING INSPECTION REPORT**

Referral(s) to \_\_\_\_\_

CMP fund verification

CRF grant verification

visitation compliance

**REPORT SUBMITTED BY:** Maureen Sanzone NC  
10/16/24

**DATE OF REPORT:**

Approval for issuance of license granted by: \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Supervisor/Title

STATE OF ALABAMA DEPARTMENT OF REVENUE  
LICENSED INSPECTOR REPORT

1. License No. \_\_\_\_\_  
 2. Licensee Name \_\_\_\_\_  
 3. Licensee Address \_\_\_\_\_  
 4. Licensee Telephone \_\_\_\_\_

DATE OF REPORT: \_\_\_\_\_

REPORT MADE BY: \_\_\_\_\_

DATE: \_\_\_\_\_

REPORT MADE BY: \_\_\_\_\_

**STRIKE MONITORING SUPPLEMENT TO  
LICENSING INSPECTION REPORT**

Page 3 of 3 \_\_\_\_

LICENSING INSPECTION NARRATIVE REPORT:

A desk audit was completed on 10/16/24 for the purpose of reviewing the implementation of the plan of correction for the violation letter dated 7/30/24

Violation # 1, #2, #3, and #4.

On 10/16/24 at 2:53 PM the Administrator Elza Augustin was notified via telephone that all violations were corrected.

