

COPY

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

Page 1 of ____

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

FLIS Staff

Geer Village
77 South Canaan Rd
Canaan, CT 06018
M: _____

Robert Barzun None Unassisted

Licensure Category:

Licensed Bed

Census:

Assisted Living

Bassinet Capacity: _____

_____Date(s) of onsite inspection: 8.22.18

Date(s) additional information obtained: _____

Personnel contacted: Kevin O'Connell RD, Sherry Schrammcker Sals**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 # 22834☐ 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: Robert Barzun DATE OF REPORT: 8.21.18☒ Approval for issuance of license granted by: Joan D. Nguyen DATE: 8-27-18
Supervisor/Title

