2019

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

BAL Edgehill
122 Palmers Hill Rd
Stamford CT 06902
M:

FLIS Staff

Noben Barreni — Nurse Consultant

Licensure Category: Assisted Living

Licensed Bed Bassinet Capacity: 32 Apts

Census: 25

Date(s) of onsite inspection: 11-27-19

Date(s) additional information obtained:

Personnel contacted: Dawn Pelazza salsa, Christopher Bausten ED

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[ ] Licensing Inspection [ ] *Initial* [X] *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 [ ] Amended Letter: Original Ltr.

[ ] Citation # was issued to this facility as a result of this inspection.

[X] 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: Noben Barreni **DATE OF REPORT:** 11-27-19

[✓] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 12-11-19
Supervisor/Title

Bal

ENTITY: Edgehill Stamford CT

DATE(S) OF VISIT: 11/22/19

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 25

Number of home visits: 2 Number of records reviewed: 3

SALSA: Dawn Pelazza

SALSA Designee: Rodney Saint Fleur

Home health care contracts/contracts:

Name: Weavers Home Care

Address:

Phone:

Name: Constellation or Compassus

Address:

Phone:

Managed Residential Community visited: Bal

Service Coordinator: Christopher Barsteen

Policy review was done relative to record reviews and/or violations cited as appropriate.

Rev.7/04

SIGNATURE: Nolan Barsteen

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Park Edgewood
122 Palmers Hill Rd
Stamford CT 06902
M:

FLIS Staff

Helen Lorenzo Nurse Consultant

Licensure Category:

Assisted Living

Licensed Bed
Bassinet Capacity: 32 apts

Census: 25

Date(s) of onsite inspection: 11-27-19

Date(s) additional information obtained:

Personnel contacted: Dawn Palazzo salsa, Charlotte Bamber SA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

Licensing Inspection [ ] *Initial* [X] *Renewal* [ ] *Other (e.g. strikes):*

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[ ] Narrative report/additional information attached.

[ ] See Certification File.

[ ] Referral(s) to

REPORT SUBMITTED BY: Helen Lorenzo **DATE OF REPORT:** 11-27-19

Approval for issuance of license granted by: Loan D Nguyen **DATE:** 12-2-19
Supervisor/Title