

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Signature of FLIS Staff

Four Corners Rest Home, Inc
M: 306 Naugatuck Ave
Milford, CT 06460

Karen Gworek, RN
Daniel Tomascak, BFSI

Licensure Category:

Residential Care Home Licensed Bed/Bassinet Capacity: 18 Census: 15

Date(s) of onsite inspection: 11/30/22

Date(s) additional information obtained: _____

Personnel contacted: Mary Elizabeth Hagerty, Person-in-Charge

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 12/20/22
- 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**

REPORT SUBMITTED BY: Karen Gworek, RN **DATE OF REPORT:** 11/30/22

Approval for issuance of license granted by: Karen Gworek, RN **DATE:** 11/30/22
Supervisor/Title