

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

Marbridge RCH
655 West Main St.
Cheshire, CT 06410

Signature of FLIS Staff

Daniel Tomascak, BFSI
Aneta Predka

M:

Licensure Category:

Licensed Bed
Bassinet Capacity:

RCH

25

Census:

14

Date(s) of onsite inspection: 12/20/22 and 2/10/23

Date(s) additional information obtained: _____

Personnel contacted: Keishla Torres, 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 #25700 and #31708

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 Violation YES/NO

CRF grant verification Violation YES/NO

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

Page 2 of ____

[] Visitation compliance Violation YES/NO

REPORT SUBMITTED BY: Aneta Predka **DATE OF REPORT:** 3/2/23

[X] Approval for issuance of license granted by: Karen Gworek, RN **DATE:** 2/10/23
Supervisor/Title