

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

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LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Signature of FLIS Staff

<u>Forest Hills Guest Home</u>	<u>Karen Gworek, RN</u>	
<u>M: 462 Derby Ave</u>	<u>Raymond Kasidas, BFSI</u>	
<u>West Haven, CT 06516</u>	<u>Daniel Tomascak, BFSI</u>	

Licensure Category:

Residential Care Home Licensed Bed Capacity: 17 Census: 17

Date(s) of onsite inspection: 10/18/22

Date(s) additional information obtained: _____

Personnel contacted: Sheri Stalsburg, 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 11/1/22
- ☐ 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**

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REPORT SUBMITTED BY: Karen Gworek, RN **DATE OF REPORT:** 10/28/22

☒ Approval for issuance of license granted by: Karen Gworek, RN **DATE:** 10/18/22
Supervisor/Title