

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

Forest Hills Guest Home
M: 462 Derby Ave
West Haven, CT 06516

Signature of FLIS Staff

Karen Gworek, RN
Raymond Kasidas, BFSI
Daniel Tomascak, BFSI

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

[X] Approval for issuance of license granted by: Karen Gworek, RN DATE: 10/18/22
Supervisor/Title