

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

Page 1 of 2

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Cascades Assisted Living Services
13 Park Lawn Street
Bethel, CT. 06801

Signature of FLIS Staff

Kathleen Plaskon, RN

Raymond Kasidas, BFSI

copy

Licensure Category:

Residential Care Home

Licensed Bed/Bassinet Capacity:

14

Census: 7

Date(s) of onsite inspection: 9/15/22 and 10/20/22

Date(s) additional information obtained: _____

Personnel contacted: JaKeith Jackson Executive Director

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 _____

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**

Page 2 of 2

REPORT SUBMITTED BY: Kathleen Plaskon RN **DATE OF REPORT:** 9/22/22

[X] Approval for issuance of license granted by: Karen Gworek, RN **DATE:** 10/20/22
Supervisor/Title