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

LICENSING INSPECTION REPORT

Facility DBA and Address

Worthington Manor
DBA
316 Berlin St.
Street Address
East Berlin CT 06023
Municipality *ZIP Code*
M:

Signature of FLIS Staff

Aneta Predka Kelly Mueller
Ray Kasidas

Survey Team Leader: Kelly Mueller
Supervisor: Karen Gworek

Licensure Category: RCH
License Number: 1664RCH
Licensed Bed Capacity: 42
Licensed Bassinet Capacity: ___
Census: 36

Date(s) of onsite inspection: 2/16/22

Date(s) additional information obtained: ___

Personnel contacted: Lisa Ehrber and Kristin Spangberg 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 02/22/2022
- ☐ 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: Aneta Predka **DATE OF REPORT:** 2/22/22

☑ Approval for issuance of license granted by: Karen Gworek, RN, SNC **DATE:** 2/22/22

Supervisor/Title