

**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

Card Home for the Aged

Kathleen Plaskon, RNC

M: 154 Pleasant Street

Raymond Kasidas, BFSI

Willimantic, CT 06226

Licensure Category:

Residential Care Home

Licensed Bed/Bassinet
Capacity: 20

Census: 16

Date(s) of onsite inspection: 7/13/22

Date(s) additional information obtained: _____

Personnel contacted: Susan Humes, 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 7/21/22

☐ 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: Kathleen Plaskon **DATE OF REPORT:** 7/18/22

☒ Approval for issuance of license granted by: Karen Gworek, RN **DATE:** 7/18/22
Supervisor/Title