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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity	*Signature of FLIS Staff*	
Elm Hill Manor, Inc	Karen Gworek, RN	
M: 37 Elm Street	Raymond Kasidas BFSI	
Rockville, CT 06066		

Licensure Category:
Residential Care Home

Licensed Bed/Bassinet Capacity: __ 17

Census: 17

Date(s) of onsite inspection: 9/16/22

Date(s) additional information obtained: _____

Personnel contacted: Norah Gadomsky, Person-in-Charge

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[X] Licensing Inspection [ ] *Initial* [X] *Renewal* [ ] *Other (e.g.strikes)*: _____

[ ] Visit **OR** Revisit for the purpose of _____

[ ] See Complaint Investigation # _____

[X] 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

REPORT SUBMITTED BY: Karen Gworek, RN **DATE OF REPORT:**

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

LICENSING INSPECTION NARRATIVE REPORT: