

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

Signature of FLIS Staff

Char-Laine Manor	Karen Gworek, RN	
M: 15 Ellington Ave	Raymond Kasidas, BFSI	
Rockville, CT 06066		

Licensure Category:

Residential Care Home	Licensed Bed/Bassinet Capacity: 23	Census: 23
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Date(s) of onsite inspection: 9/2/22

Date(s) additional information obtained: _____

Personnel contacted: Cheryl Dence, 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 9/13/22
- ☐ 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**

Page 2 of 2

REPORT SUBMITTED BY: Karen Gworek, RN **DATE OF REPORT:** 9/2/22

☒ Approval for issuance of license granted by: Karen Gworek, RN **DATE:** 9/2/22
Supervisor/Title