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



# LICENSING INSPECTION REPORT

***d/b/a Name and Address of Entity***
Fernwood Manor RCH
27-29 Girard Ave., Hartford, CT 06105

**M:**

***Signature of FLIS Staff***
Aneta Predka
Raymond Kasidas

**Licensure Category:**
RCH

Licensed Bed Bassinet Capacity: 24

Census: 21

**Date(s) of onsite inspection:** 10/27/22

**Date(s) additional information obtained:** _____

**Personnel contacted:** Tina Floyd Manager, Edward Weigen Administrator

**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 11/8/22

[ ] 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 Violation YES/NO

[ ] CRF grant verification Violation YES/NO

**STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT**

[ ] Visitation compliance Violation YES/NO

**REPORT SUBMITTED BY:** Aneta Predka **DATE OF REPORT:** 10/27/22

[X] Approval for issuance of license granted by: Karen Gworek, RN **DATE:** 10/27/22
Supervisor/Title