

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

Bacon and Hinkley

Kathleen Plaskon

581 Pequot Ave

New London, CT 06320

Licensure Category:

Residential Care Home

Licensed Bed/Bassinet Capacity:

14

Census: 4

Date(s) of onsite inspection: 9/8/22

Date(s) additional information obtained: _____

Personnel contacted: Sally Nelson, 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 _____

☐ 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: Kathleen Plaskon RN **DATE OF REPORT:** 9/8/22

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

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

Page 3 of 2____

LICENSING INSPECTION NARRATIVE REPORT:

