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*	
Char-Laine Manor	Karen Gworek, RN	
15 Ellington Avenue	Stephen Lavaway, BFSI	
Rockville, CT 06066		

COPY

Licensure Category:
Residential Care Home

Licensed Bed Capacity: 23

Census: 23

Date(s) of onsite inspection: 11/15/23

Date(s) additional information obtained: _____

Personnel contacted: Cheryl Dence

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

[X] Visit **OR** Revisit for the purpose of reviewing the Plan of Correction for the violation letter dated 9/13/22

[ ] 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

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

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