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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Masonic Healthcare Center
22 Masonic Ave.
Wallingford, CT 06492

Signature of FLIS Staff

Aneta Predka, NC

Ray Kasidas, BFSI

COPY

Licensure Category:

RCH

Licensed Bed Bassinet Capacity: 86

Census: 76

Date(s) of onsite inspection: 11/30/2023

Date(s) additional information obtained: _____

Personnel contacted: Bethany Camputaro 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 #_____

[ ] 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 Violation YES/NO

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

[ ] CRF grant verification Violation YES/NO

[ ] Visitation compliance Violation YES/NO

REPORT SUBMITTED BY: Aneta Predka, RN **DATE OF REPORT:** 11/30/2023

[X] Approval for issuance of license granted by: Karen Gworek, RN **DATE:** 11/30/23
Supervisor/Title