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

LICENSING INSPECTION REPORT

COPY

d/b/a Name and Address of Entity	*Signature of FLIS Staff*	
Park City Residential Care Home		
752 Park Ave.	Aneta Predka	Raymond Kasidas
		Daniel Tomascak
Bridgeport, CT 06604	Glenna Fried	Stephen Lavaway

Licensure Category:
RCH Licensed Bed/Bassinet Capacity: 50 Census: 49

Date(s) of onsite inspection: 1/23/24

Date(s) additional information obtained: _____

Personnel contacted: Pamela Wright Administrator, Manosij Roy Person-in-Charge

Email Address: manosij@gmail.com

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 _____

[ ] 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 _____

REPORT SUBMITTED BY: Aneta Predka **DATE OF REPORT:** 1/24/24

[X] Approval for issuance of license granted by: Karen Gworek, RN, SNC **DATE:** 1/25/24