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*	
Fernwood Rest Home, Inc	Glenna Fried, LCSW	Daniel Tomascak/BFSI
Torrington Road, PO Box 548	Karen Gworek, SNC	
Litchfield, CT 06759	Ray Kasidas/BFSI	

Licensure Category:
Residential Care Home — Licensed Bed/Bassinet Capacity: 68 — Census: 62

Date(s) of onsite inspection: 3/6/2024

Date(s) additional information obtained: _____

COPY

Personnel contacted: Patricia Adkins, Person-in-Charge

Email Address: _____

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

[ ] 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: Glenna Fried, LCSW **DATE OF REPORT:** 3/12/24

[ ] Approval for issuance of license granted by: Karen Gworek, RN **DATE:** _____