

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

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LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Signature of FLIS Staff

Freelove Manor
246 Quinn Street
Naugatuck, CT 06770

Glenna Fried, LCSW
Daniel Tomascak, BFSI

Licensure Category:

Residential Care Home

Licensed Bed Capacity: 12

Census: 11

Date(s) of onsite inspection: 9/12/2024

Date(s) additional information obtained: _____

Personnel contacted: Queen Freelove, Person-in-Charge

Email Address: freelovemanor@gmail.com

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

- ☒ Licensing Inspection ☐ Initial ☒ Renewal ☐ Other (e.g. strikes): _____
- ☐ Visit **OR** Revisit for the purpose of reviewing the Plan of Correction for the violation letter dated _____
- ☐ 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 _____

REPORT SUBMITTED BY: Glenna Fried, LCSW

DATE OF REPORT: 9/12/24

☐ Approval for issuance of license granted by: Karen Gworek, RN **DATE:** 9/12/24
Supervisor/Title