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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
Marbridge Retirement Center
665 West Main Street
Cheshire, CT 06410

Signature of FLIS Staff
Glenna Fried, LCSW
Raymond Kasidas, BFSI

Licensure Category:
Residential Care Home 11092RCH Licensed Bed Capacity: 25 Census: 19

Date(s) of onsite inspection: 6/25/25

Date(s) additional information obtained: _____

Personnel contacted: Keishla Torres, Person-in-Charge and Lewis Bower, Proprietor
Email Address: Ktorres@bowerhc.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 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.

[X] 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:** 6/25/25

[X] Approval for issuance of license granted by: Karen Gworek, SNC **DATE:** 6/25/25
Supervisor/Title