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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Card Home for the Aged
154 Pleasant Street
Willimantic, CT 06226

Signature of FLIS Staff

Glenna Fried, LCSW
Daniel Tomascak, BFSI

Licensure Category:
Residential Care Home

Licensed Bed Capacity: 20

Census: 11

Date(s) of onsite inspection: 11/13/25

Date(s) additional information obtained: _____

Personnel contacted: Glucklande Irene Theophile, Person-in-Charge
Email Address: thecardhome@yahoo.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: Glenna Fried, LCSW **DATE OF REPORT:** 11/17/25

[X] Approval for issuance of license granted by: Karen Gworek, RN **DATE:** 11/13/25
Supervisor/Title