

**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

Fernwood Rest Home

400 Torrington Rd.

Litchfield, CT 06759

Aneta Predka, RN

M:

Licensure Category:

Licensed Bed
Bassinet Capacity:

Census:

RCH

68

56

Date(s) of onsite inspection: 4/18/23

Date(s) additional information obtained: _____

Personnel contacted: Patricia Atkins Person-in-Charge

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

☐ Licensing Inspection ☐ Initial ☐ Renewal ☐ Other (e.g. strikes): _____

☐ Visit **OR** Revisit for the purpose of _____

☒ See Complaint Investigation #33885 and #34362

☒ 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 4/25/23

☐ 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 _____

☐ CMP fund verification Violation YES/NO

☐ CRF grant verification Violation YES/NO

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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☐ Visitation compliance Violation YES/NO

REPORT SUBMITTED BY: Aneta Predka, RN **DATE OF REPORT:** 4/18/23

☐ Approval for issuance of license granted by: _____ **DATE:** _____
Supervisor/Title