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



# ALSA LICENSING INSPECTION REPORT

***d/b/a Name and Address of Entity***
**Bridges by Epoch ALSA**
**2415 Reservoir Ave Trumbull 06611**

**tkeaney@bridgesbyepoch.com**

***Signature of FLIS Staff***
**Michael J. Smith, RN**
**Nurse Consultant**

**Licensure Category: ALSA** Census: 72 Capacity:
Memory Care Only memory care 60 clients

**Date(s) of onsite inspection: 4/25/22**

**Date(s) additional information obtained: 4/26/22**

**Personnel contacted:**
**Trish McKay, Ex Director**

**Vida Raskevicius, SALSA**

**REVIEW/FINDINGS/PROCESS** (Complete all applicable categories)
[ xx ] Licensing Inspection [ ] *Initial* [ xx] *Renewal* [ ] *Other (e.g.strikes)*:

[ ] Visit **OR** Revisit for the purpose of
And vaccinations update

[xx] See Complaint Investigation
# 32066

[ ] 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.

[ xx] 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.

**STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT**

[ ] Referral(s) _____

[++ ] Verification of Alzheimer's special care units or programs or [ ] Not applicable
[ yes] Full Time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

**REPORT SUBMITTED BY:** Michael J. Smith, RN **DATE OF REPORT:**
**Date of Report** 4/27/22

[X] Approval for issuance of license granted by: CT Hennessy SWC **DATE:** 5/1/22
Supervisor/Title