

2019

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

Page 1 of _____

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Bridges by Epoch
23 Richards Ave
Northville, CT 06854
M: aricci@bridgesepoch.com

Signature of FLIS Staff

Karen D. Ricci Nurse Consultant

Licensure Category:

ASA Licensed Bed _____
Bassinet Capacity: 56 clients Census: _____

Date(s) of onsite inspection: 11/4/19

Date(s) additional information obtained: _____

Personnel contacted: ED - Addie Ricci; SA/SA Fran Ferraiolo

☒ NEW/FINDINGS/PROCESS (Complete all applicable categories)

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

☐ Visit OR Revisit for the purpose of _____

☐ 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: Karen D. Ricci DATE OF REPORT: 11/4/19

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

