

2019

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

Page 1 of 1

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Signature of FLIS Staff

Bridges by Epoch at Trumbull

2415 Reservoir Ave

Trumbull, CT 06611

M:

Robert Barreira

Grace Amador

Licensure Category:

Licensed Bed

Census:

Bassinet Capacity:

Assisted living

Date(s) of onsite inspection: 10-1-19

Date(s) additional information obtained: _____

Personnel contacted: Executive Director Trish Keating, Patricia Kopf SA, SA

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 # 25988 # 25988

☒ 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: Robert Barreira DATE OF REPORT: 10-1-19

☒ Approval for issuance of license granted by: Loan D Nguyen DATE: 12-16-19
Supervisor/Title

