2018

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Bridges by Epoch
2415 Reservoir Avenue
Trumbull CT
M: 475-777-6069

Signature of FLIS Staff

Michael J. Smith RN — Nurse Consultant
Maria Valentin

COPY

Licensure Category: Assisted Living

Licensed Bed Bassinet Capacity: 72 apts

Census: 56

Date(s) of onsite inspection: May 18, 2018, 19, 21, 2018 + 6-1-18

Date(s) additional information obtained: ___

Personnel contacted: Pat Kopf, SACSA ; Nicole Passaro Ex. Director

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[ ] Licensing Inspection [ ] *Initial* [ ] *Renewal* [ ] *Other (e.g.strikes):* ___

[ ] Visit **OR** Revisit for the purpose of ___

[X] See Complaint Investigation # 22545 + 23210 + 23450

[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: Michael Johnson **DATE OF REPORT:** May 21, 2018

[✓] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 5-31-18
Supervisor/Title