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

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
Shady Oaks ALSA
344 Stevens Street
Bristol CT. 06010
nguerrettern@outlook.com

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

Licensure Category: ALSA Census: 40 Capacity: 40A L

Memory Care/Traditional memory 0

Date(s) of onsite inspection: 7/3/25

Date(s) additional information obtained: _____

Personnel contacted: Tyson Belanger, Administrator
Nicole Guerrette, RN, SALSA
nguerrettern@outlook.com

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)
[xx] Licensing Inspection [] *Initial* [xx] *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.

[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.

[ ] Referral(s) to _____

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

[ ] Verification of Alzheimer's special care units or programs or [xx] Not applicable
[] Part time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

REPORT SUBMITTED BY: **Michael J. Smith, RN** **DATE OF REPORT:** **7/3/25**

[X] Approval for issuance of license granted by: Elizabeth Heiney approved **DATE:** 7/31/25
Supervisor/Title