

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

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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)

☒ 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 _____

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY
5301 SOUTH CAMPUS DRIVE
CHICAGO, ILLINOIS 60637
TEL: 773-936-5000
FAX: 773-936-5000
WWW.CHEM.UCHICAGO.EDU

MEMORANDUM
TO: [Name]
FROM: [Name]
SUBJECT: [Subject]

[Main body of the memorandum containing several paragraphs of text, likely a report or letter. The text is mostly illegible due to the quality of the scan.]

Very truly yours,
[Signature]

[Name]
[Title]

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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- ☐ Verification of Alzheimer's special care units or programs or ☒ 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

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

