STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Healthcare Quality and Safety Branch

August 14, 2025

Accepted
8/12/25
C Tilley SWC

Veneek Lawson, Executive Director
Kindcare Assisted Living Of Bristol
483 North Main Street
Bristol, CT 06010
Via Email: grevita@kindcarebristol.com

Dear Ms. Lawson:

An unannounced visit was made to Kindcare Assisted Living Of Bristol on July 21, 2025 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a relicensure.

Attached is the violation of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which was noted during the course of the visit. The state violation cannot be edited by the provider in any way.

In accordance with Connecticut General Statutes, section 19a-496, upon a finding of noncompliance with such statutes or regulations, the Department shall issue a written notice of noncompliance to the institution. Not later than ten days after such institution receives a notice of noncompliance, the institution shall submit a plan of correction to the Department in response to the items of noncompliance identified in such notice.

The plan of correction is to be submitted to the Department by August 24, 2025.

The plan of correction shall include:
(1) The measures that the institution intends to implement or systemic changes that the institution intends to make to prevent a recurrence of each identified issue of noncompliance;
(2) the date each such corrective measure or change by the institution is effective;
(3) the institution's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained; and

(4) the title of the institution's staff member that is responsible for ensuring the institution's compliance with its plan of correction.

The plan of correction shall be deemed to be the institution's representation of compliance with the identified state statutes or regulations identified in the department's notice of noncompliance. Any institution that fails to submit a plan of correction may be subject to disciplinary action.

You may wish to dispute the violation and you may be provided with the opportunity to be heard. If the violation is not responded to by August 24, 2025, or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

We do not anticipate making any practitioner referrals at this time.

Please return your original violation letter, along with your response and Plan of Correction, to Elizabeth Heiney, Supervising Nurse Consultant, via email at elizabeth.heiney@ct.gov. Please direct your questions concerning the instructions contained in this letter to Elizabeth Heiney, Supervising Nurse Consultant, at (860) 509-8059. Please do not send another copy via US mail.

Respectfully,

/s/

Elizabeth Heiney, BS, BSN, BC
Supervising Nurse Consultant
Facility Licensing and Investigations Section

EH:csf

c. VL

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing authority of an assisted living services agency (4)(A)(F).

1. Based on review of agency policies, review of agency documentation and staff interviews, the Governing Authority failed to implement Public Act No. 21-185, Section 7, of the General Assembly. The findings include:
   a. Interview and review of agency licensure documentation with the Supervisor of Assisted Living Services/SALSA and the Regional Director on 7/21/25 at 12:45 PM failed to ensure Section 7 of Public Act 21-185 effective October 1, 2021, which indicated that the administrative head of each dementia special care unit shall encourage the establishment of a family council and assist in any such establishment and indicated that they were unaware of the above Public Act.

Plan of Correction for Violation #1:

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC
HEALTH PLAN OF CORRECTION KINDCARE AT BRISTOL
VISIT CONCLUDED: JULY 21ST, 2025

Regulation/Finding	*Corrective Action Plan*	*Compliance Date*	*Person(s) Responsible*
Section 19-13-D105 (d) Governing authority of an assisted living services agency (4) (A)(F). The community failed to ensure Section 7 of Public Act 21-185 effective October 1, 2021, which indicated that the administrative head of each dementia special care unit shall encourage the establishment of a family council and assist in any such establishment and indicated that they were unaware of the above Public Act.	**Please note that the filing of this plan does not constitute any admission as to the alleged deficiencies set forth in the violation letter. This plan of correction is being filed as required by applicable law and as evidence of the community's commitment to quality care.** As a corrective action, we have taken the following steps: Immediate Notification and Outreach: We have notified all families and responsible parties of the opportunity to form a family council and invited them to participate in an initial organizational meeting. The first meeting is scheduled for August 26th, 2025 at 6:00pm. MCD (Memory Care Director) and SALSA were reeducated Section 7 of Public Act 21-185 effective October 1, 202. Administrative Support: A designated staff liaison has been appointed to assist with logistics, provide meeting space, distribute materials, and serve as a communication link between the family council and facility leadership, as outlined by law. Audits will be completed monthly for two quarters to ensure compliance is reached. All findings will be brought to the Quality Assurance Committee for review.	08/26/2025	SALSA