

9-30-21 ✓

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 Assisted Living, LLC

344 Stevens St.

Bristol, CT 06010

nguerrettern@outlook.com

Signature of FLIS Staff

Karen Donato RN

Nurse Consultant

Licensure Category: ALSA

Census: 40 Capacity:

Memory Care/Traditional

Date(s) of onsite inspection: 3/23/2022

Date(s) additional information obtained: _____

Personnel contacted: ED: Tyson Belanger; SALSA: Nicole Guerrette

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 _____

☐ Verification of Alzheimer's special care units or programs or ☒ Not applicable

☐ Full Time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

REPORT SUBMITTED BY: Karen Donato RNC DATE OF REPORT: 3/23/2022

☐ Approval for issuance of license granted by: _____ **DATE:** _____

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: