

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

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LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Bradley Home and Pavilion
320 Colony St.
Meriden, CT 06450

Signature of FLIS Staff

Aneta Predka

M: Raymond Kasidas Daniel Tomascak

Licensure Category:

Licensed Bed
Bassinet Capacity:

RCH

74

Census:

29

Date(s) of onsite inspection: 11/18/22

Date(s) additional information obtained: _____

Personnel contacted: Carol Nelligan DON, Molly Savard Administrator

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 12/15/22

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 _____

CMP fund verification Violation YES/NO

CRF grant verification Violation YES/NO

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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[] Visitation compliance Violation YES/NO

REPORT SUBMITTED BY: Aneta Predka DATE OF REPORT: 11/18/22

[X] Approval for issuance of license granted by: Karen Gworek, RN **DATE: 11/18/22**
Supervisor/Title