

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*

*Signature of FLIS Staff*

Bradley Home and Pavilion

320 Colony St.

Meriden, CT 06450

Aneta Predka

M:

Raymond Kasidas

Daniel Tomascak

**Licensure Category:**

Licensed Bed  
Bassinet Capacity:

Census:

RCH

74

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

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