

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

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ALSA LICENSING INSPECTION REPORT

<i>d/b/a Name and Address of Entity</i> Bridges by EPOCH Trumbull 2415 Reservoir Ave Trumbull Ct	<i>Signature of FLIS Staff</i> Megan Edson-Sawyer	Nurse Consultant
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Licensure Category: **ALSA** Census: ☐ Capacity: ☐
Memory Care/Traditional ☐

Date(s) of onsite inspection: 08/25/2025

Date(s) additional information obtained: _____

Personnel contacted: Executive Director Trish Keaney (tkeaney@bridgesbyeepoch.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 Ct#44239
- ☒ 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 9/9/25
- ☐ 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: Megan Edson-Sawyer DATE OF REPORT: 08/25/2025

☒ Approval for issuance of license granted by: Trish Keaney **DATE: 9/10/25**
Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: