

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
Pines At Bristol For Nursing _____ *Signature of FLIS Staff*
Melissa Talamini _____

M: _____

Licensure Category:
CCNH _____ Licensed Bed/Bassinet Capacity: 132 _____ Census: 123 _____

Date(s) of onsite inspection: _____

Date(s) additional information obtained: _____

Personnel contacted: Karen Chadderton, 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 _____
- Desk Audit 4/20/23 _____ 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
- CRF grant verification

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

visitation compliance

REPORT SUBMITTED BY: Melissa Talamini

DATE OF REPORT: 4/20/23

Approval for issuance of license granted by: _____ **DATE:** _____
Supervisor/Title

**STRIKE MONITORING SUPPLEMENT TO
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LICENSING INSPECTION NARRATIVE REPORT:

A desk audit was completed on 4/20/23 to review the Plan of Correction for the Violation letter dated 3/16/23.

On 4/20/23 at 2:26 PM Karen Chadderton, Administrator was notified via telephone that all violations were corrected.

Melissa Talamini, NC