

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

KindCare of Bristol
483 North Main St. Bristol, CT 06010
grevita@kindcarebristol.com

Signature of FLIS Staff

Karen Donato

Nurse Consultant

Licensure Category: ALSA

Census: 117 Capacity:
Memory Care/Traditional 23/49

Date(s) of onsite inspection: 7/21/25

Date(s) additional information obtained: _____

Personnel contacted: ED: Veneek Lawson; SALSA: Genevieve Revita

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 7/13/25

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: Karen Donato RNC **DATE OF REPORT:** 7/21/25

Approval for issuance of license granted by: Karen Donato RNC DATE: 7/21/25
Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: