

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

Page 1 of 1

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 7/31/25

☐ 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 Elizabeth T. Kelly, SA DATE: 8/4/25
Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: