

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

Brookdale at Farmington
20 Devonwood Ave
Farmington CT 06032

M: Same

Ph 860-677-1772

Licensure Category:

Assisted Living

FLIS Staff

Melanie Santoro Home Consultant

Licensed Bed

Bassinet Capacity:

Census:

Traditional 88

No Memory Care

Date(s) of onsite inspection: 01/14/19

Date(s) additional information obtained: _____

Personnel contacted: Beth Prevost ED, "Bonnie" Jarosecyk R, Salsa

Annette Cichelske Regional R

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 ☐ 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 _____

REPORT SUBMITTED BY: Melanie Santoro DATE OF REPORT: 01/14/19

☒ Approval for issuance of license granted by: Loan D Nguyen DATE: 1-18-19
Supervisor/Title

DEPARTMENT OF PUBLIC HEALTH
HOSPITAL AND MEDICAL CARE DIVISION

INSPECTION MATERIALS CHECKLIST
ASSISTED LIVING SERVICES AGENCY

Assisted Living Services Agency BROOKDALE FARMINGTON
Address 20 Denwood Dr
City Farmington State CT Zip Code 06032

The Inspection Materials Checklist is to be used to identify any new or revised agency materials since the last licensure inspection. Please complete as appropriate for your agency and have any materials so identified available for review.

<u>Agency Materials</u>	<u>New</u>	<u>Revised</u>
<u>BY-LAWS OR RULES OF ORDER</u>		
<u>POLICIES/PROCEDURES</u>		
Client Care Policies/Procedures		
o Admission		
o Assisted Living Aide Program		
o Discharge		
o Emergency		
o Administration of Medications		
o Complaint Procedure		
Nursing Service		
<u>PERSONNEL POLICIES</u> -for the assisted living services agency		
Orientation		
In-service education		
Required health examinations		
Annual performance evaluation policy		
Job description-supervisor of assisted living services		
Job description-assisted living aide		
<u>QUALITY ASSURANCE PROGRAM/PLAN</u>		
<u>BILL OF RIGHTS</u>		
<u>PUBLIC INFORMATION MATERIALS</u>		

PLEASE IDENTIFY ANY OTHER NEW MATERIALS DEVELOPED No Revisions or
policy changes since last survey

Supervisor of Assisted Living Services Signature: [Signature]

Date: 1/14/19

ENTITY: Brookdale at Farmington

DATE(S) OF VISIT: 01/14/19

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 88

Number of home visits: 2 Number of records reviewed: 3

SALSA: Bozenia "Bonnie" Januszcyk RN

SALSA Designee: Betty Leary

Home health care contracts/contracts:

Name: McLean Home Care

Address: _____

Phone: _____

Name: Brookdale Hc

Address: _____

Phone: _____

Managed Residential Community visited: _____

Service Coordinator: Beth Prevost Ed

Policy review was done relative to record reviews and/or violations cited as appropriate. ✓

SIGNATURE: Melissa J. San Juan RN

***Please Note:**

1. Orientation should include emergency medical procedure 19-13-D105(e)(II)
2. Bimonthly means every other month

AGENCY: Brookdale at Farmington TOWN: Farmington

MANAGED RESIDENTIAL COMMUNITY:

TOWN:

DATE: 01/14/92

[illegible]

33 Ardes

No dementia unit

