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



# ALSA LICENSING INSPECTION REPORT

| *d/b/a Name and Address of Entity* | *Signature of FLIS Staff* | |
|---|---|---|
| The Residence at Brookside | Megan Edson-Sawyer | Nurse Consultant |
| 117 Simsbury Rd Avon, Ct 06001 | | |

0003

**Licensure Category: ALSA** Census: [ ] Capacity: [ ]
Memory Care/Traditional: 18

**Date(s) of onsite inspection**: 10/19/2022

**Date(s) additional information obtained**: 10/20/2022

**Personnel contacted: Executive Director Rose Thomason and SALSA Patrice Heuschkel (pheuschkel@residencebrookside.com)**

**REVIEW/FINDINGS/PROCESS** (Complete all applicable categories)

[] Licensing Inspection [] *Initial* [] *Renewal* [ ] *Other (e.g.,strikes)*: _____

[] Visit **OR** Revisit for the purpose of:

[x] See Complaint Investigation: CT #33177

[x] 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 _____

[x] Verification of Alzheimer's special care units or programs or [] Not applicable
[x] Full Time Infection Prevention and Control Specialist and other requirements of P.A. 21-185

**REPORT SUBMITTED BY: Megan Edson-Sawyer DATE OF REPORT: 10.20.2022**

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

LICENSING INSPECTION NARRATIVE REPORT: