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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity	*FLIS Staff*	
The Residence at Brookside	Megan Eaton-Sawyer	Nurse Consultant
117 Simsbury Rd		
Ann, CT 06001		
M: rthomasin@residencebrookside.com		

Licensure Category: 0203 AISA

Licensed Bed Bassinet Capacity: ____

Census: 29 Assisted living clients; 14 memory care assisted living

Date(s) of onsite inspection: 9/23/2021

Date(s) additional information obtained: ____

Personnel contacted: Executive Director Rose Thomasin; SAISA Patrice Houschkel

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[X] Licensing Inspection [ ] *Initial* [X] *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.

[X] 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.

[X] See Certification File.

[ ] Referral(s) to ____

REPORT SUBMITTED BY: Megan Eaton-Sawyer **DATE OF REPORT:** 9/23/2021

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

✓ send

ENTITY: The Residence at Brookside

DATE(S) OF VISIT: 9/23/2021

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 29 assisted living clients; 14 memory care unit clients

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

SALSA: Patrice Heuschkel

SALSA Designee: Caroline D'Souza

Home health care contracts/contracts:

Name: Hartford Heartcare at Home

Address:

Phone:

Name: Seasn Hospice

Address:

Phone:

Managed Residential Community visited: The Residence at Brookside

Service Coordinator: Rose Thomasin

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

Rev.7/01

SIGNATURE: Megan Elson Gunn