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*
Brandywine Living at Litchfield	Megan Edson-Sawyer	Nurse Consultant
19 Constitution Way Litchfield, CT 06759		

Licensure Category: ALSA 307 Census: [ ] Capacity: [ ]
Memory Care/Traditional: 24/34

Date(s) of onsite inspection: 02/06/2023

Date(s) additional information obtained:_____

Personnel contacted: Executive Director Ingrid Kausyla (ikausyla@brandycare.com) and SALSA Jina Lafleur (jlafleur@brandycare.com)

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:

[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: 02.06.2023

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

LICENSING INSPECTION NARRATIVE REPORT: