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

ALSA LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
Brookdale Senior Living West
Hartford, 22 Simsbury Road,
West Hartford, 06117 860-523-9899

denbil@brookdale.com

Signature of FLIS Staff
Nurse Consultant
Michael J. Smith, RN

Licensure Category: ALSA Census: 63 Capacity: 37 AL

Memory Care/Traditional 26 memory

Date(s) of onsite inspection: 3/14/24

Date(s) additional information obtained: _____

Personnel contacted: Denise Bilodea, Executive
denbil@brookdale.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#37113

[] 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.

[xx] 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 _____

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

REPORT SUBMITTED BY: Michael J. Smith, RN **DATE OF REPORT: 3/14/2**

STRIKE MONITORING SUPPLEMENT TO LICENSING INSPECTION REPORT

[ ] Approval for issuance of license granted by: Elizabeth Thorne ONC **DATE:** 4/4/24

Supervisor/Title

LICENSING INSPECTION NARRATIVE REPORT: