Section 3

2019

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

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

FLIS Staff

Melissa J Santorelli RN Nurse Consultant

Provided DPH email to Regional RN to send all ALSBD Fax # for BLAST Faxing

Licensure Category:

Assisted Living

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 Prevo ED, "Bonnie" Bogumila Janusczyk RN SALSD, Annette Cocherski Regional RN

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.

[ ] See Certification File.

[ ] Referral(s) to

REPORT SUBMITTED BY: Melissa J Santorelli RN **DATE OF REPORT:** 01/14/19

[✓] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 1-18-19
Supervisor/Title

Scanned

DPH
Connecticut Department of Public Health

ASSISTED LIVIN[illegible]VICES AGENCY
AIDE PERSO[illegible]EL REVIEW

no Finding

*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: 01/14/19

Lists Computer System

NAME (Agency Aide Personnel) If contracted personnel, identify as such	DATE EMPLOYED	(i)(2) ORIENT 10*	BASIC H-HHA	(f)(2)(B) NURSES AIDE	(f)(2)(B) STUDENT NURSE	(f)(1)(E) PRE-EMPLOY & ANNUAL	(f)(1)(C) TBC	(f)(1)(C) EVAL. ANNUAL	(f)(1)(B)(i) INSERVICE ATTENDANCE BI-MONTHLY	(i)(2) COMPETENCY TEST DATE	ABCMS	COMMENTS
Gaither, Macarich	9/20/17	✓ 0		na 9/29/226		✓	✓	✓	17 ✓ 18 ✓	10/17/17	✓	OL
✓ after 1hr + JD		20		X	4/15							Fmla
									17 ✓ 18 ✓			
Kendrick, Latoya	11/13/17	✓		na 9/29/5229		✓	✓	✓		12/4/17	✓	
✓ after 1hr + JD		21.7*		X 7/18			CXL		+ orient			
				awaiting								
				update								
									17 18			
Vergenia James	5/19/16	✓		na 9/29/226		✓	✓	✓	✓ ✓	10/11/16	n/a	Background ✓
✓ after 1hr + JD		21.4*		X	1/17/19		+7 CXL				hired in 2016	

33 Aides
No dementia unit

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: Bogumila "Bonnie" Januszczyk RN

SALSA Designee: Betty Leany

Home health care contracts/contracts:

Name: McLean Home Care

Address:

Phone:

Name: Brookdale HC

Address:

Phone:

Managed Residential Community visited:

Service Coordinator: Beth Prevo ED

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

Rev.7/04-

SIGNATURE: Melissa J San Juan RN

DEPARTMENT OF PUBLIC HEALTH
HOSPITAL AND MEDICAL CARE DIVISION

INSPECTION MATERIALS CHECKLIST
ASSISTED LIVING SERVICES AGENCY

Assisted Living Services Agency BROOKDALE FARMINGTON

Address 20 Deronwood 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.

Agency Materials	New	Revised
BY-LAWS OR RULES OF ORDER		
POLICIES/PROCEDURES		
Client Care Policies/Procedures		
o Admission		
o Assisted Living Aide Program		
o Discharge		
o Emergency		
o Administration of Medications		
o Complaint Procedure		
Nursing Service		
PERSONNEL POLICIES-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		
QUALITY ASSURANCE PROGRAM/PLAN		
BILL OF RIGHTS		
PUBLIC INFORMATION MATERIALS		

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

Supervisor of Assisted Living Services Signature: B. Jamieson RN

Date: 1/14/19