Section 3

2017

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

LICENSING INSPECTION REPORT

D/B/A Name and Address of Entity ***Signature of Survey Staff***

Brookdale South Windsor — Melissa J. San Souci RN
1715 Ellington Rd
South Windsor CT 06074 Ph: 860-644-4408 Fax: 860-644-5481

Licensure Category:	Licensed Bed/Bassinet Capacity:	Census:
Assisted Living Services Agency		77

Date(s) of onsite inspection: 07/14/16 07/15/16, 7/18/16, 7/19/16

Date(s) additional information obtained: 07/20/16

Personnel contacted: Cathy Pisany, ED, Adrienne Peray RN - Acting Supervisor Corporate
Annette Cochetski RN District Director of Clinical Services
Linda L'Heureux RN Designee

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[X] Licensing Inspection [ ] *Initial* [X] *Renewal* [ ] *Other:* (e.g. Strike) _____

[ ] 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 9/18/17

[ ] Desk Audit _____ [ ] Amended Letter date: _____

[ ] 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.

[ ] Referred to: _____.

REPORT SUBMITTED BY: Melissa J. San Souci RN **DATE OF REPORT:** 07/21/16

[X] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 7-21-16
Supervisor/Title

ENTITY: Brookdale South Windsor

DATE(S) OF VISIT: 07/14/16

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 77
Number of home visits: 2 Number of records reviewed: 5
SALSA: Brenda Ryder (on leave) Adrienne Percy RN corporate - Cathy SALSA
SALSA Designee: Linda L'Heureux
Home health care contracts/contracts:
Name: Patient Care
Address: Silas Deane Highway ✓ current contract
Wethersfield CT
Phone:

Name:
Address:
Phone:

Managed Residential Community visited:
Service Coordinator: Cathy Pisarz

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

Rev.7/04-

SIGNATURE: Melissa J. Sisson RN

May 15, 1995

DEPARTMENT OF PUBLIC HEALTH
HOSPITAL AND MEDICAL CARE DIVISION

INSPECTION MATERIALS CHECKLIST
ASSISTED LIVING SERVICES AGENCY

Assisted Living Services Agency Brookdale South Windsor

Address 1715 Ellington Rd.

City South Windsor State CT Zip Code 06074

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	9/2011	
o Assisted Living Aide Program		12/2014
o Discharge	9/2011	
o Emergency		
o Administration of Medications		10/2015
o Complaint Procedure	8/2013	
Nursing Service		
PERSONNEL POLICIES-for the assisted living services agency		
Orientation		8/2015
In-service education		8/2015
Required health examinations		4/2010
Annual performance evaluation policy		1/2013
Job description-supervisor of assisted living services		3/2010
Job description-assisted living aide		11/2014
QUALITY ASSURANCE PROGRAM/PLAN	Binder provided for review	
BILL OF RIGHTS	posted in comm lobby	
PUBLIC INFORMATION MATERIALS		7/2016

PLEASE IDENTIFY ANY OTHER NEW MATERIALS DEVELOPED _____

Supervisor of Assisted Living Services Signature: Adrienne Perry RN, MS

Date: 7-19-16

0200N/3

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Healthcare Quality And Safety Branch

September 18, 2017

Christine Waldie, Supervisor of Assisted Living Services Agency
Brookdale South Windsor
1715 Ellington Road
South Windsor, CT 06074

Dear Ms. Waldie:

Unannounced visits were made to Brookdale South Windsor on July 14, 15, 18 and 19, 2016 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting a relicensing inspection.

Attached are the violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which were noted during the course of the visits.

You may wish to dispute the violations and you may be provided with the opportunity to be heard. If the violations are not responded to by October 9, 2017 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

In accordance with Connecticut General Statutes, section 19a-496, upon a finding of noncompliance with such statutes or regulations, the Department shall issue a written notice of noncompliance to the institution. Not later than ten days after such institution receives a notice of noncompliance, the institution shall submit a plan of correction to the department in response to the items of noncompliance identified in such notice. The plan of correction shall include:

(1) The measures that the institution intends to implement or systemic changes that the institution intends to make to prevent a recurrence of each identified issue of noncompliance;

(2) the date each such corrective measure or change by the institution is effective;

(3) the institution's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained; and

(4) the title of the institution's staff member that is responsible for ensuring the institution's compliance with its plan of correction.

The plan of correction shall be deemed to be the institution's representation of compliance with the identified state statutes or regulations identified in the department's notice of noncompliance. Any institution that fails to submit a plan of correction may be subject to disciplinary action.

DATES OF VISIT: July 14, 15, 18 and 19, 2016

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

Loan D Nguyen

Loan Nguyen M.S.N., R.N., C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

LDN:lsl

DATES OF VISIT: July 14, 15, 18 and 19, 2016

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 (g) Supervisor of assisted living services (4).

1. Based on review of the agency documentation and interview with the agency personnel, the Assisted Living Services Agency (ALSA) failed to notify the Department of Public Health of the absence of the supervisor of assisted living services agency (SALSA) for longer than one month. The findings include:
   a. Interview with the executive director on 07/14/16 indicated that the SALSA started a planned medical leave of absence for two weeks on 05/25/16, that the leave had been extended several times but failed to identify notification from the ALSA to Department of Public Health.

      Subsequent to surveyor inquiry on 07/14/16, a letter was sent to the Department of Public Health, however was dated 6/27/16 (instead of the survey date 7/14/16).

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 (h) Nursing services provided by an assisted living services agency (3)(C)(D).

2. Based on review of the clinical records, agency documentation and staff interview, for three of five clients in the survey sample (Clients #1, #3 and #4), the agency staff failed to assess and/or update the plan of care and/or failed to coordinate the services with the client and/or family. The findings include:
   a. Client #1 was admitted to the ALSA program on 09/01/14 with diagnoses that included hypertension, anemia, stress incontinence and brief neurological deficit. Physician's orders for July 2016 included ALSA aide services for medication reminders.

      Interview and review of the client's 120-day service plans dated 10/09/15 and 05/10/16 with the SALSA on 07/18/16 failed to identify the signature of the client and/or responsible party as directed by the ALSA service plan forms.

   b. Client #3 was admitted to the ALSA program on 02/14/14 with diagnoses that included Alzheimer's dementia, acute kidney injury secondary to dehydration, urinary tract infection, hyponatremia, sinus bradycardia, hypotension, hypercholesterolemia and gastrointestinal bleeding. Physician's orders for January 2016 included nursing services for medication administration.

      In an entry dated 01/26/16, Licensed Practical Nurse (LPN) #1 documented at 10:00 p.m. that the client "was throwing up once," was afebrile and the responsible party was notified. In another entry dated 1/26/16 at 11:00 p.m. LPN #1 documented that the resident was "very weak, did not stand up for care, was throwing up again and staying on the chair." Vital signs were obtained and were within normal limits.

      In sworn statements obtained on 07/19/16, both LPN #1 and the SALSA indicated that the date of 01/26/16 for the two above mentioned nursing entries were incorrect and the notes were actually written on 01/28/16;

      A nursing note written by LPN #2 on 01/29/16 at 11:00 a.m. indicated that the client was transferred to the hospital on the night of 1/28/16, and was admitted to the intensive care unit with the

diagnosis of gastro-intestinal bleed, but failed to identify notification to the responsible party, the on-call RN, and/or the patient's physician;

LPN # 3 documented on 01/30/16 at 5:07 (with no specification of morning or evening) that the client returned from the hospital, vital signs were obtained, skin was intact and the client had a prescription to treat a urinary tract infection. The LPN notified the physician and family of the client's return and sent the new prescription for Ciprofloxacin to the pharmacy.

Interview and review of the nursing notes with the SALSA on 07/19/16 failed to identify a nursing assessment by a Registered Nurse (RN) following the clients' return from the hospital with a change in condition and/or failed to identify nursing revisions to the client's 120-day service plan dated 01/12/16.

c. Client #4 was admitted to the ALSA program on 06/28/13 with diagnoses that included Parkinson's disease, dysphagia, spinal stenosis, dementia, encephalopathy and protein calorie malnutrition. Physician's orders for February 2016 included nursing services for medication administration.

On 02/20/16 the nursing notes identified a change in condition (lethargy) and indicated that Client # 4 was transferred to the Emergency Department (ED) for evaluation. The nursing documentation dated 02/20/16 indicated that the client returned from the ED to the agency at 9:30 p.m., Licensed Practical Nurse (LPN) #1 obtained the client's vital signs and notified the physician via fac simile (fax).

Interview and review of the nursing notes with the SALSA on 07/18/16 failed to identify an assessment by a registered nurse (RN) after a change in condition;

Review of the 120-day client service plan dated 12/01/15 failed to identify the signature of the client and/or representative, and failed to identify nursing updates of the plan of care after the episode of lethargy.

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 (m) Client's bills of rights and responsibilities (9).

3. Based on review of the clinical record, agency documentation and interview with agency staff, for one of one client (Client #4) with a complaint, the ALSA failed to document the investigation and/or the resolution of the complaint. The findings include:
   a. Client #4 was admitted to the ALSA program on 06/28/13 with diagnoses that include Parkinson's disease, dysphagia, spinal stenosis, dementia, encephalopathy and protein calorie malnutrition. Physician's orders for February 2016 included nursing services for medication administration.

   The client had a privately hired helper to provide 24-hour personal care.
   On 02/20/16 the client became lethargic and was transferred to the emergency department for evaluation. The nursing documentation dated 02/20/16 at 10:00 p.m. indicated that the client returned to the ALSA at 9:30 p.m.

   The ALSA complaint log included a complaint dated 02/25/16 from Client # 4's family member

after the private helper informed the family that the client had not received the 5:00 p.m. medications Atorvastatin calcium 10 milligrams (mg), Tamsulosin hydrochloride 0.4 mg and/or Aricept 10 mg on 02/18/16 and 02/19/16. The family was concerned that the medication errors resulted in the client's lethargy.
Interview and review of the agency documentation and the client's medication administration record (MAR) for February of 2016 with the District Director of Clinical Services on 07/19/16 at 2:00 p.m. identified nursing signatures for administering the medications on 02/18/16 and 02/19/16, and failed to identify documentation of details of the ALSA investigation and/or resolution of the complaint by the Supervisor of Assisted Living Services Agency (SALSA).

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 (a) (16) (A) and/or (i) Assisted living aide services provided by an assisted living service agency (3)(B).

4. Based on clinical record review, staff interview and surveyor observation, for one client of five clients in the survey sample (Client #1), the agency aide provided care outside of the aide scope of practice. The findings include:
   a. Client #5 was admitted to the ALSA program on 07/12/09 with diagnoses that included fracture of the left distal radius with closed reduction, fracture of the left hip with leg screw, hypertension, transient ischemic attack, syncope, cerebrovascular accident, mild rhabdomyolysis, seizure, stress incontinence and claustrophobia. Physician's orders included nursing services to pre-pour medications and aide services to prompt the client to take medications.

      The client received services from the home care agency through 06/17/16, when services were discontinued as the client's wound on the right inner thigh was healed. The visiting nurse documented recommendations for the ALSA staff to apply Triad paste to the client's inner thigh daily and as needed.

      On 7/11/6, the physician ordered to restart home care services after Client # 5 developed two new open areas on the right inner thigh.

      According to the District Director of Clinical Services in an interview on 07/15/15, only nurses could apply a medicated cream in an ALSA.

      According to the SALSA in an interview on 07/18/16, ALSA aides knew how to apply the Triad cream and the SALSA updated the aide's assignment to include application of the Triad cream.

      Interview with and observation on 07/19/16 of Aide #5 during provision of care to Client #5 indicated that the ALSA Aide applied Triad hydrophyllic wound dressing on the client's open area on the right leg just below the buttock.

      Interview and review of the description in the Connecticut Public Health Code of the aide's scope of assistance to the client in self-medicating failed to identify ALSA Aide practice in accordance with the Connecticut Public Health Code.

DATES OF VISIT: July 14, 15, 18 and 19, 2016

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 (f) Personnel policies for an assisted living services agency (1)(D) and/or (2)(B) and/or (E).

5. Based on review of personnel files, agency documentation and interview with agency personnel, for four of four personnel files (the files of ALSA Aides #1, #2 #3, #4 and Service Coordinator) reviewed during survey, the ALSA failed to ensure the files met the requirements. The findings include:
   a. The Service Coordinator had a hire date of 01/18/16; review of the personnel file with the business office Manager on 07/19/16 failed to identify a job description.

      Aide #1 had a hire date of 06/16/15; review of the personnel file with the business office Manager on 07/19/16 failed to identify an annual evaluation for June of 2016 and/or failed to identify a competency evaluation.

      Aide #2 had a hire date of 02/23/06; review of the personnel file with the business office Manager on 07/19/16 failed to identify an annual physical examination for years 2014 and 2016 and/or failed to identify an annual evaluation since 2009 and/or failed to identify a competency evaluation.

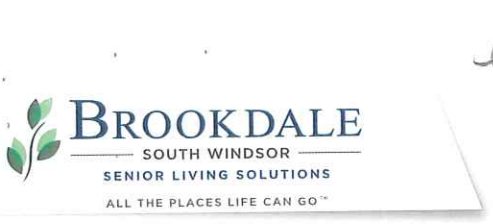
      Aide #3 had a hire date of 11/25/03; review of the personnel file with the business office Manager on 07/19/16 failed to identify an annual physical examination and/or TB testing for the year 2014 and/or failed to identify a competency evaluation.

      Aide #4 had a hire date of 11/11/15; review of the personnel file with the business office Manager on 07/19/16 failed to identify a competency evaluation.

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 (l) Quality assurance program for an assisted living service agency (2) and/or (8) and/or (10).

6. Based on review of the agency documentation and interview with agency personnel, the ALSA failed to ensure the completion of timely Quality Assurance (QA) meetings and/or annual QA reports. The findings include:
   a. Interview and review of the QA program documentation with the District Director of Clinical Services on 07/19/16 for the years 2014 and 2015 identified QA meetings in May of 2014 and in February of 2015 but failed to identify the completion of a 120-day meeting from May of 2014 forward, and/or failed to identify an annual QA report for 2014.

chris



POC Approved
11/16/17
M. Santorelli RS

The following is the Plan of Correction for **Brookdale South Windsor** regarding the Statement of Deficiencies dated **September 18, 2017**. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is a submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.

Unannounced visit was made to Brookdale South Windsor on July 14, 15, 18, and 19, 2016 by a representative of the Facility Licensing and Invesitgation Section of the Department of Public Health for the purposes of conducting a relicencing inspection. The findings are as follows:

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 (g) Supervisor of assisted living services (4)

1.a. The Assisted Living Agency (ALSA) failed to notify the Department of Public Health of the absence of the supervisor of assisted living services agency (SALSA) for longer than one month.

A. Corrective Action:
   a. Letter of notification of change in SALSA will be submitted to the regulatory agency within 30 Days of SALSA changes, even in cases of Medical Leave of Absence.
   b. Re-education will be conducted with Executive Directors on the regulatory process. This re-education will be provided by the District Director of Clinical Services.

B. Completion Date: October 30, 2017

C. Ongoing Quality Assessment and Performance Improvement Process:
   a. The District Director of Clinical Services (DDCS) will monitor the process with each Executive Director upon change in SALSA or extended Medical Leave of Absence.

D. The Executive Director will be responsible for the ongoing monitoring of the plan

1715 Ellington Road
South Windsor, CT 06074
Phone (860) 644-4408
brookdale.com

POC Approved 11/16/17 M. Sansoucy RN

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 (h) Nursing services provided by an assisted living agency (3)(C)(D)

2.a. The agency staff failed to identify the signature of the client and/or responsible party as directed by the ALSA service plan forms.

2.b. The agency staff failed to identify an assessment by a registered nurse (RN) following the clients return from the hospital with a change in condition and/or failed to identify nursing revisions to client's 120-day service plan.

2.a. The agency staff failed to identify an assessment by a registered nurse (RN) after a change in condition; failed to identify signature of client and/or representative, and failed to identify nursing updates of the plan of care after episode of lethargy.

A Corrective Action:

1. SALSA will review and re-educate nursing staff on Service Plan Process Policy CS-70-3
2. SALSA will review and re-educate nursing staff on Change of Condition/Notification Policy CT-4

B. Completion Date: Re-education of nursing staff will be completed on or before October 30, 2017

C. Ongoing Quality Assessment and Performance Improvement Process:

1. SALSA or RN Designee will audit 50% of all new or revised Resident Service Plans on a weekly basis for a four month period to verify resident and/or family signature is present on Service Plan and/or documentation is complete in resident record if signatures were unable to be obtained. The audit compliance expectation is 95% .
2. SALSA or RN Designee will audit 25% of all medical records on a weekly basis for a four month period to verify documentation on condition change is complete in resident record as well as Resident Service Plan compliance expectation is 95%.
3. SALSA, along with the interdisciplinary team will review all residents on a bi-monthly basis, using the Collaborative Care Meeting Process to identify residents who may have a change in condition or changes in orders warranting additional communication to physician, responsible party and other associates.

D. SALSA will be responsible for the ongoing monitoring of this plan.

The following is a violation of the Regulations of Connecticut State Agencies Section D19-13-D105 (m) Client's bills of rights and responsibilities (9)

3.a. The ALSA failed to document the investigation and/or the resolution of the complaint.

A Corrective Action:

1. District Director of Clinical Services (DDCS) will review and re-educate Executive Directors (EDs) and SALSAs regarding Grievance Policy – RR-3 and Grievance Procedure.

POC Approved 11/16/17 MSarrazin

B. Completion Date: Re-education of ED's and SALSA's will be completed on or before October 30, 2017

C. Ongoing Quality Assessment and Performance Improvement Process:
   1. District Director of Clinical Services will audit 50% of all investigations for a four month period to verify completion and resolution of investigation. All reportable incidents are reported to DDCS on a weekly basis by SALSA on weekly report. Expectation is 95% compliance with all investigations.
   2. SALSA, along with the interdisciplinary team will review all residents on a bi-monthly basis, using the Collaborative Care Meeting Process to identify residents who may have a change in condition or changes in orders warranting additional communication to physician, responsible party and other associates

D. DDCS will be responsible for the ongoing monitoring of this plan

The following are violations of the Regulations of Connecticut State Agencies Section D19-13-D105 (a) (16) (A) and/or (i) Assisted living service agency (3)(B).

4.a. The agency aide provided care outside the aide scope of practice.

A Corrective Action:
   1. SALSA will re-educate nurses and aides on Connecticut Regulations specific to services provide by assisted living aides.
   2. SALSA will re-educate nurses and aides on Medication Administration Services Policy

B. Completion Date: Re-education of ED's and SALSA's will be completed on or before October 30, 2017

C. Ongoing Quality Assessment and Performance Improvement Process:
   1. SALSA and/or designated licensed nurse will audit 25% of all medication boxes monthly four month period to verify all medications including topicals are secured in locked medication box. The expectation is a 95% compliance with above process.
   2. Ongoing QA Resident Medication Box audits will be done at least every 6 months to verify all medications including topicals are secured in locked medication box. The expectation is a 95% compliance with above process.

D. SALSA will be responsible for the ongoing monitoring of this plan

The following are violations of the Regulations of Connecticut State Agencies Section D19-13-D105 (f) Personnel policies for an assisted living services agency (1) (D) and/or (2) (B) and/or (E).

5.a. Personnel file for Service Coordinator failed to identify job description.
Personnel file for Aide #1 failed to identify an annual evaluation for June 2016 and/or competence evaluation.

POC Approved 11/14/17 JM SGA Source

Personnel file for Aide #2 failed to identify annual physical examination for 2014 and 2016 and/or failed to identify annual evaluation since 2009 and/or failed to identify competence evaluation.
Personnel file for Aide #3 failed to identify annual physical examination and/or TB testing for 2014 and/or failed to identify competence evaluation.
Personnel file for Aide #4 failed to identify competence evaluation.

A Corrective Action:
1. District Director of Clinical Services will review and re-educate Executive Director, Business Office Manager, and SALSA on policy 402 Associate Physicals
2. District Director of Clinical Services will review and re-educate SALSA on completing Skills Competency during orientation and annually.
3. District Director of Operations will review and re-educate Executive Director, Business Office Manager, and SALSA on Associate Annual Review process

B. Completion Date: will be completed on or before October 30, 2017

C. Ongoing Quality Assessment and Performance Improvement Process:
1. Business Office Manager will conduct an audit of 25% of the associate personnel files weekly for a period of 4 months to verify completeness and bring all items out of compliance into compliance.

D. Executive Director will be responsible for the ongoing monitoring of this plan

The following are violations of the Regulations of Connecticut State Agencies Section D19-13-D105 (1) Quality assurance program for an assisted living service agency (2) and/or (8) and/or (10).

6.a. Review of agency documentation ALSA failed to ensure the completion of timely Quality Assurance (QA) meetings and/or Annual QA reports. Review of the QA program documentation for 2014 and 2015 failed to identify completion of 120-day meeting from May 2014 forward and/or failed to identify an annual QA report for 2014

A Corrective Action:
1. District Director of Clinical Services will review and re-educate SALSA and RSC on Quality Assurance Policy – CT -7
2. District Director of Clinical Services will review and re-educate SALSA and RSC on Governing Authority Process.
3. District Director of Clinical Services will review and re-educate SALSA and RSC on Quality Assurance Annual Report.

B. Completion Date: will be completed on or before October 30, 2017

C. Ongoing Quality Assessment and Performance Improvement Process:
1. SALSA will advise District Director of Clinical Services of the dates for Quality Assurance Meeting and Governing Authority Meeting
2. SALSA will send a copy of the completed minutes of QA and GA meetings and the Annual Report to District Director of Clinical Services

D. District Director of Clinical Services will be responsible for the ongoing monitoring of this plan.

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Brookdale South Windsor
1715 Ellington Rd
South Windsor, CT 06074

M:

Signature of FLIS Staff

Mabel T. Johnson RN, Nurse Consultant
Heben Berrien Nurse Consultant

Licensure Category:

Assisted Living Agency

Licensed Bed Bassinet Capacity: 80
Dementia Unit

Census: 54 Traditional
15 Dementia

Date(s) of onsite inspection: 6/29/17

Date(s) additional information obtained: ___

Personnel contacted: Christine Waldie SAISA, Cathy Pisarz ED.

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

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

[✓] See Complaint Investigation # CT 021712

[ ] 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 ___

REPORT SUBMITTED BY: Mabel Johnson **DATE OF REPORT:** 6/29/17

[✓] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 7-20-17
Supervisor/Title