

2019

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

Page 1 of ____

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

FLIS Staff

Brookdale of Wilton
96 Danbury Rd
Wilton, CT 06897
M: 203-761-8999

Michael J. Smol FLIS, Nurse Consultant

Licensure Category:

Licensed Bed

Census:

Bassinet Capacity:

Assisted Living

Traditional AL
Dementia

23 clients
28 clients

Date(s) of onsite inspection: 6/27/19

Date(s) additional information obtained: _____

Personnel contacted: Susan Marceau Klehn, SAC ; Adwan Tahirouic
Ex. Director

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 # _____

☐ 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: Michael J. Smol DATE OF REPORT: 6/27/19

☒ Approval for issuance of license granted by: Loan D Nguyen DATE: 12-16-19
Supervisor/Title

ENTITY: Brookdale of Wilton ALH

DATE(S) OF VISIT: 6/27/19

LICENSING INSPECTION NARRATIVE REPORT

Number of ALSA clients: 51 (28 Dementia / Clare Balge Unit)

Number of home visits: 2 Clare Balge Number of records reviewed: 4

SALSA: Susan Macconix Kleban RN

SALSA Designer: Joyce Davis - Bollete

Home health care contracts/contracts:

Name: Ridgefield Vns

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Managed Residential Community visited: Brookdale Senior Living

Service Coordinator: Adnan Tahirovic Ex Director

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

SIGNATURE: Mick J. [Signature]

