

Section 3

2023

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

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LICENSING INSPECTION REPORT

<i>Facility DBA and Address</i>	<i>Signature of FLIS Staff</i>	
Brookdale West Hartford	Megan Edson-Sawyer	Nurse Consultant
<u>DBA</u>		
22 Simsbury Rd		
<u>Street Address</u>		
West Hartford CT 06117		
<u>Municipality</u> <u>ZIP Code</u>		
M: alombardi@brookdale.com	<u>Survey Team Leader:</u> Megan Edson-Sawyer	
	<u>Supervisor:</u> Elizabeth Heiney	

Licensure Category: ALSA

Licensed Bed Capacity:

Census: 71

License Number:

Licensed Bassinet Capacity:

Date(s) of onsite inspection: 08/01/2023

Date(s) additional information obtained:

Personnel contacted: SALSA Amy Lombardi

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
- ☐ CMP fund verification
- ☐ CRF grant verification
- ☐ Shift Coach
- ☐ Full Time Infection Prevention and Control Specialist

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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REPORT SUBMITTED BY: Megan Edson-Sawyer **DATE OF REPORT:** 8/1/23

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

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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LICENSING INSPECTION NARRATIVE REPORT:

