

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

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LICENSING INSPECTION REPORT

Facility DBA and Address

Signature of FLIS Staff

Brookdale South Windsor
1715 Ellington Rd. South Windsor, CT 06074

Megan Edson-Sawyer Nurse Consultant

M: dstevens10@brookdale.com

Survey Team Leader: Megan Edson-Sawyer
Supervisor: Elizabeth Heiney

Licensure Category: ALSA

License Number: 100

Licensed Bed Capacity: ____

Licensed Bassinet Capacity: ____

Census: ____

Date(s) of onsite inspection: 06/07/2024

Date(s) additional information obtained: _____

Personnel contacted: Executive Director David Stevens and SALSA Stacey Babcock

Email Address: dstevens10@brookdale.com

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: Megan Edson-Sawyer DATE OF REPORT: 06/07/2024

☐ Approval for issuance of license granted by: _____ DATE: _____

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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LICENSING INSPECTION NARRATIVE REPORT:

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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