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

LICENSING INSPECTION REPORT

Facility DBA and Address

The Residence at Brookside

117 Simsbury Rd. Avon, Ct 06001

M: stacey.tucci@residencebrookside.com

Signature of FLIS Staff

Megan Edson-Sawyer — Nurse Consultant

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

Licensure Category: ALSA
License Number: 203

Licensed Bed Capacity: ___
Licensed Bassinet Capacity: ___
Census: ___

Date(s) of onsite inspection: 12/03/2024 and 12/05/2024

Date(s) additional information obtained: ___

Personnel contacted: Executive Director Stacey Tucci

Email Address: stacey.tucci@residencebrookside.com

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: Megan Edson-Sawyer DATE OF REPORT: 12/05/2024

[X] Approval for issuance of license granted by: Elizabeth Heiney RN BSN C DATE: 12/18/24