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

LICENSING INSPECTION REPORT

Facility DBA and Address

Brookdale Gables Farmington

20 Devonwood Drive Farmington, Ct 06032

M: mmclean6@brookdale.com

Signature of FLIS Staff

Megan Edson-Sawyer — Nurse Consultant

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

Licensure Category: ALSA
License Number: 102

Licensed Bed Capacity: ____
Licensed Bassinet Capacity: ____
Census: ____

Date(s) of onsite inspection: 12/19/2024

Date(s) additional information obtained: ____

Personnel contacted: SALSA Robin Tentoni and Executive Director Mammy Mclean

Email Address: mmclean6@brookdale.com

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

- [ ] Licensing Inspection — [ ] *Initial* [ ] *Renewal* [ ] *Other (e.g.strikes)*: ____
- [ ] Visit **OR** Revisit for the purpose of ____
- [x] See Complaint Investigation # 41871
- [ ] 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: 12/19/2024

[ ] Approval for issuance of license granted by: Elizabeth Tarling RN SWC DATE: 12/28/24