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

LICENSING INSPECTION REPORT

Facility DBA and Address

Charter Senior Living of Brookfield
DBA
291 Federal Rd
Street Address
Brookfield CT 06804
Municipality *ZIP Code*
M: cschrull@charterofbrookfield.com

Signature of FLIS Staff

Megan Edson-Sawyer — Nurse Consultant

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

Licensure Category: ALSA
License Number: 233
Licensed Bed Capacity: ___
Licensed Bassinet Capacity: ___
Census: ___

Date(s) of onsite inspection: 01/27/2026

Date(s) additional information obtained: ___

Personnel contacted: SALSA Calla Schrull

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 # #45910

☑ 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 2/24/26

☐ 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

REPORT SUBMITTED BY: Megan Edson-Sawyer **DATE OF REPORT:** 1/27/26

☐ Approval for issuance of license granted by: Elizabeth Tierney SW, **DATE:** 2/24/26

Supervisor/Title