

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

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**LICENSING INSPECTION REPORT**

***Facility DBA and Address***

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

M: dstevens10@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: 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: Elizabeth Heiney DATE: 6/13/24

**STRIKE MONITORING SUPPLEMENT TO  
LICENSING INSPECTION REPORT**

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LICENSING INSPECTION NARRATIVE REPORT: